

"I'M A WINNER":
THE INFLUENCES OF GROUP EXERCISE ON IDENTITY CONSTRUCTION IN
CANCER SURVIVORS

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Abstract

This research addresses the lived experience of individuals that have been diagnosed with cancer and who have participated in an oncology rehabilitation program as part of their treatment. Specifically, it examined the influence of the rehabilitation program in reshaping the participant's sense of identity. The study employs conversational interviewing to access the participant's understandings of the experience of the exercise program during cancer treatment, and utilizes thematic analysis in identifying three major themes emerged: "I'm a Proactive Person", "We're in the Same Boat", and "There are Second Chances... You Better Make the Best of it". Directions for future research include a study incorporating men and women, longitudinal studies, and research examining participants with a greater age range.

Table of Contents

	Page
Signature Page	i
Title Page	ii
Abstract	iii
Table of Contents	iv
List of Appendices	vi
Acknowledgments	vii
Chapter 1: Review of Related Literature	1
1.1 Statement of the Problem	1
1.2 Review of the Literature	5
Chapter 2: Research Methodologies	16
2.1 Research Contexture	16
2.1.1 Ontology and Epistemology	17
2.1.2 Theoretical Perspective	17
2.1.3 Research Methodology	19
2.1.4 Method: Conversational Interviewing	20
2.1.5 Method: Thematic Analysis	21
2.2 Participants	22
2.3 Procedure	23
2.4 Researcher as a Research Tool	25
Chapter 3: Narrative Perspectives	27

3.1 Lynette's Conversational Interview	27
3.2 Susan's Conversational Interview	36
3.3 Bree's Conversational Interview	43
3.4 May's Conversational Interview	49
3.5 Gaby's Conversational Interview	63
Chapter 4: Human Science Research Analysis	71
4.1 Theme One: "I'm a Proactive Person"	71
4.1.1 Sub-theme: Control	74
4.2 Theme Two: "We're in the Same Boat"	75
4.2.1 Sub-theme: "An Inspiration"	79
4.3 Theme Three: "There are Second Chances... You Better Make the Best of It" ...	80
4.4 Conclusions and Prospects for Further Inquiry	82
References	86
Appendices	91

List of Appendices

Appendix A: Informed Consent.....	91
Appendix B: Letter Requesting Volunteers.....	93
Appendix C: IRB Approval.....	96

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And now I'm *not* a COMM. TA...

Chapter 1

Review of Related Literature

1.1 Statement of the Problem

“Let’s hit the gym.”

It was a phrase I grew accustomed to hearing from my dad. I can still see him standing in the doorway of our house, gym bag slung over his shoulder and basketball under his arm. Scrambling up from whatever I was doing, I would sprint to my room and jump into my basketball shorts and t-shirt. Grabbing my own mini-gym bag, I would trot behind him out to the car. I can’t remember exactly when it was that our tradition began, but I remember it being a regular occurrence by the time I was eight years old. The scent of the hardwood floors would be strong as we walked into the empty gym. With only safety lights on and all the bleachers pushed up against the walls the space seemed so vast.

The routine was always the same, as the lights warmed up and began to illuminate the gym, we would run lay-up drills together. Then we moved on to dribbling, up and down the court, crossovers and spin-dribbles, between the legs and behind the back. We would always do the drills together, side-by-side. Then it was time for shooting drills, often during this time it was silent, nothing more than the squeak of my shoes on the hardwood floor or the rattle of the ball against the rim. Despite the silence I felt like those were the most important bonding moments that my dad and I experienced. Occasionally my dad would break the silence with a short correction, “Keep your elbow in!” “Use your legs!” “Don’t fade!” Once all the drills had been completed we would

move on to one-on-one. Sometimes we would play for hours, other times I would get too angry and frustrated to play more than a couple of games.

I used to think he had me come along with him to prepare me for high school basketball, and then, eventually, to play at a college level. He saw he had a daughter who was already quite tall by third grade, and saw a free college education in her future. Looking back, I realize that was not his motivation at all. My dad viewed the gym as a kind of sanctuary. He grew up with an incredibly unstable childhood, with his parents essentially dragging him along with them into a cult when he had barely reached his teen years. For him, athletics had always been an escape from the horrible reality that he lived. While I wasn't aware of it at the time, I realize now that basketball served as a type of catharsis, one that he wanted me to understand.

Our trips to the gym continued throughout my time in high school and even occasionally during my years in college. Little about the routine changed, although eventually the score was a lot closer during our one-on-one games. It was during those times that I continued to bond with my father on our own terms. After a particularly bad college season I remember being in the gym shooting shot after shot, with my dad rebounding and tossing the ball back. We had a chance to talk about my frustrations without them being the main event; it was a nice change from the sit-down talks with which everyone else seemed to be comfortable. I remember thinking how that workout was better than any other sort of therapy I could imagine.

It was just over a year after that trip to the gym that my family received the shattering news that all too many people get in this day and age—my dad was diagnosed

with cancer. Strangely enough, he insisted that we go to the gym more often than in the months leading up to his diagnosis. So our trips to the gyms continued, although the intensity of the trips was reduced significantly because of his chemotherapy treatments. Over the course of his treatment, and once he was declared in remission, I could see changes that occurred in his personality. One extremely notable change was his insistence that he be able to play men's league basketball that season. He had played most seasons in the past, but never before had I seen him so intent on training for the upcoming season. Those of us around him were confused, wondering how he could be so fixated on men's league basketball when he was battling cancer. I wish I could say that it was those changes I witnessed that made me want to study cancer survivors, but my father's situation was just a marker that began to spark my interest.

During his treatments for cancer, my dad had read a book written by Lance Armstrong (2001). Armstrong was diagnosed with testicular cancer at age twenty-five that had metastasized to his brain and lungs. His doctors gave him a 20% chance of living, but he went on to survive and become a seven-time winner of the Tour de France bike race. After reading the book, my dad mentioned how much he admired Armstrong's "survivor" mentality; he had translated the principles that he learned through sports into his cancer treatments. The story sparked my interest enough to get me to throw the book in my gym bag to read while I worked out. I spent two and a half hours on the stationary bike that day reading Armstrong's book. The essence of his experience with a cancer diagnosis is highlighted by his comments about his immediate reaction to the diagnosis:

I questioned everything: my world, my profession, myself. I had left the house an indestructible 25-year-old, bulletproof. Cancer would change everything for me, I realized; it wouldn't just derail my career, it would deprive me of my entire definition of who I was. (Armstrong, 2001, p. 14)

It is still difficult to explain exactly how Armstrong's (2001) story spoke to me. First of all, when I read the book, I was only a couple of years younger than he was when he was diagnosed. It was a bit of a wake-up call to realize that someone so close to my own age, and who was by all outward appearances incredibly healthy, could be afflicted by cancer. Second, I saw a lot of similarities between his identity as an athlete and the way my father had changed during his diagnosis. Throughout his story Armstrong discusses the evolution of his identity from simply an athletic guy before his diagnosis, to a fighter—an athlete who can push through anything that is thrown his way. He also discusses how he knew that as long as he could continue to workout, he could keep fighting his cancer. Even when he could barely peddle the bike because he was so weak, it was what the bike symbolized—the health he once had, the health he hoped to get back someday—that kept him going. Looking back at my dad's situation there was a similar theme: while my dad is by no means a professional athlete; he still felt the pull to the basketball court. Upon seeing the positive influences that physical activity during treatment had for both my father and Lance Armstrong, I wondered if there was something to be said for exercise during cancer treatments: perhaps there were other survivors who could benefit from physical activity.

The connection between participation in exercise and re-construction of identity after cancer has yet to be made explicitly. While identity issues have been regarded as a fringe benefit in relation to cancer rehabilitation, I believe that exercise plays a much more instrumental role that has yet to be totally understood. As a scholar of Communication, I operate under the assumption that in order to understand individual's experiences re-negotiating identity after a cancer diagnosis it is crucial to examine the interactions that occurred during this process.

In this research I examine the lived experiences of those that have participated in a specific, hospital run, exercise class during and after their treatment for cancer. Cancer survivors are active creators of their identities; I am interested in how their participation in this specific exercise program helped to reshape that identity. As I mentioned earlier, because my father is a cancer survivor I am especially invested in furthering knowledge about the process of living as a survivor and the role that exercise plays in that new identity. It is my belief that by gaining a better understanding of how this re-negotiation of identity occurs and the role participation in an exercise program plays in this process will be instrumental in helping to provide new coping mechanisms for individuals who are diagnosed with cancer. In this chapter I review the current literature addressing the physiological and psychological benefits of exercise during and after treatment for cancer. I also address the social construction of illness and identity.

1.2 Review of Literature

The National Cancer Institute estimates that in 2009 alone, 1,479,350 people in the United States will be diagnosed with some sort of cancer. As medical breakthroughs

continue, the likelihood of an individual surviving cancer is becoming more and more common. As a consequence, it has become increasingly important to understand programs that can be provided to survivors of cancer that will improve both their physical and mental health. Doyle et al. (2005) points out that a cancer diagnosis is often accompanied by surgery, chemotherapy, and radiation, or some combination of those treatments. As a result of the diagnosis and the medical treatments that follow, some survivors experience fatigue, reduced overall quality of life, and weight gain (Doyle et al., 2005). Not only can the treatment be physically draining, but it also takes a psychological toll. Doyle et al. (2005) mentions that those undergoing treatment for cancer can experience both depression and anxiety. In order to cope with these psychological issues, it is essential to have social support.

In the earlier quotation, Lance Armstrong (2001) describes his feelings directly after receiving a cancer diagnosis. His example highlights the identity issues that arise immediately following a cancer diagnosis. As in my father's case, an individual's identity will be reshaped starting at diagnosis and as he or she proceeds through treatment. Many different interventions have been developed to help patients cope with their diagnosis and rehabilitation, including counseling, support groups, and cognitive-behavioral therapies. While these methods of coping have been proven to be helpful, another intervention that has recently become a focus of research is the use of exercise in rehabilitation. Research has found positive effects of exercise rehabilitation on both physiological and psychological outcomes among cancer patients (Chen et al., 2009;

Emslie et al., 2007; Galbao & Newton, 2005; Oldervoll et al., 2004; Pinto & Maruyama, 1999).

The majority of large observational studies have demonstrated that participation in moderate intensity physical activity during treatment is associated with improved survival in women who develop breast cancer (Holmes et al., 2005; Holick et al., 2008; Irwin et al., 2003). In their research, Pinto and Maruyama (1999) found that women receiving treatment for early stage breast cancer who preformed moderate to vigorous exercise 3-5 times a week, 20-30 minutes a day, experienced increased energy compared to those who did not exercise. Further research also discovered that women that engaged in aerobic exercise during breast cancer treatment are better prepared to fight the harmful effects of the treatment on their cardiorespiratory capacity (Miller, 1998).

Weight gain after cancer treatment is associated with an increased risk for recurrence and death, compared with maintaining normal weight during and after treatment (Kroenke et al., 2005). This is problematic given both that among women treated for breast cancer, a majority gain significant amounts of weight during their treatments, and that in the year following treatment, a return to pre-diagnosis weight is rare (Irwin et al., 2005). Analyses from Kroenke et al. (2005) showed that weight gain during and after treatment was related to approximately 50% higher rates of breast cancer recurrence and death. To improve chances of survival, it is critical that cancer survivors prevent obesity, and one of the primary methods for preventing or treating obesity and weight gain is by increasing physical activity levels. One excuse individuals may provide for not exercising is increased fatigue as a result of their cancer treatments, but exercise

has been shown to actually combat that fatigue. In their 2009 study, Whitehead and Lavelle examined exercise in women over the age of 59 who were undergoing treatment for breast cancer, and found that fatigue was reduced in those women that participated in an exercise program.

While the physical benefits of exercise rehabilitation in cancer survivors has been well documented, relatively little has been done to understand the actual lived experiences of those survivors. Chen et al. (2009) found a connection between high quality of life and participation in a group exercise program among women going through breast cancer treatment. The positive relationship is attributed to several biopsychosocial mechanisms, including “cardiopulmonary adaptations, endorphins, mastery achievements, positive feedback, distraction, and social interaction” (p. 861). More specifically, exercise influences quality of life during cancer treatment by improving “coping and adjustment to cancer” (p. 861).

The notion that exercise aids in coping with disease is a fairly new concept, but one that has already received considerable support from research in regards to cancer. The evidence shows that physical activity improves both psychosocial well-being and prevents depression among breast cancer patients and survivors (Parry, 2008; Pinto & Maruyama, 1999; Whitehead & Lavelle, 2009). Stevenson and Fox (2006) interviewed both men and women who participated in a group exercise program as part of their cancer recovery process, discovering that respondents enjoyed exercising with a group of similar people because it gave them a sense of support and provided them with inspiration. Further studies (Adamsen et al., 2001; Midtgaard et al., 2006; Peeters et al., 2009) have

found that participants appreciated group exercise programs because of the motivation and support they were given by their peers. Stevenson and Fox (2006) compared individuals that had participated in a group exercise class during their cancer treatments with people that were given an exercise program to complete on their own, with overwhelming findings that participants in the group program were more motivated to exercise on a regular basis during and after treatments. The women in particular that participated in a group exercise class were found to experience benefits such as: positive attitudes, subjective norms, and increased perceived behavioral control from encouragement to exercise by their peers (Hunt-Shanks et al., 2006).

Emslie et al. (2007) investigated the lived experiences of women who participated in a group exercise program during their recovery from breast cancer. Respondents had positive experiences in the group exercise program, noting that it was nice to get out of the house for something other than their cancer treatments (p. 831). Participants also expressed that it was especially rewarding to exercise with other women that were in similar circumstances, and that it helped facilitate friendships within the group. Within the study, many participants compared the group exercise program to other cancer support groups that did not involve exercise, with several participants perceiving more traditional, group meeting support groups, as “depressing, morbid and dwelling on illness,” while the exercise classes were seen as “upbeat, enjoyable and fun” (p. 832). Stevenson and Fox (2006) also found that participants enjoyed taking part in an activity that did not focus directly on their identity as a cancer patient. Participants mentioned that they valued the experience of being able to interact with others that were “in a

similar boat” (p. 391), yet the focus was not on being a victim, but rather on cultivating a healthy lifestyle.

Involvement in a program with others who were going through similar experiences with cancer not only produced a positive exercise experience, but also encouraged group cohesion (Midtgaard et al., 2006). Midtgaard et al. found that over time a group identity surfaced. The participants created a sense of ‘we,’ and each member’s battle with cancer became a group concern. The group as a whole came to the decision that they would avoid self-pity, allowing members to break away from taking a victim role and instead focusing on a more positive view of self after cancer. As a result of their interactions with their fellow group members, members began to view themselves as capable athletes, as opposed to patients or victims of disease. In another study, Emslie et al. (2007) note that group exercise classes served to construct a positive identity for the women that participated in them. Many felt that the exercise program gave them feelings of “liberation” and “confidence” (p. 833).

Much of the research on group exercise programs has been directed at the physical benefits they provide to patients, with psychological effects being mentioned as an afterthought, and construction of identity rarely, if ever, receiving acknowledgement. The bulk of studies have also focused solely on breast cancer survivors and their use of group exercise: this excludes a great many cancer patients. Various forms of cancer manifest themselves differently, entail different treatments, and require varying implications and obstacles to overcome. Due to these fundamental differences, it is

important to know whether the benefits of participation extend to patients who have received treatment for other types of cancer.

Overall, group exercise programs produce several benefits for individuals undergoing treatment for cancer, including increased social support, inspiration, confidence, and a greater feeling of control (Emslie et al., 2007; Midtgaard et al., 2006; Stevenson & Fox, 2006). The benefits recognized above can contribute significantly to an individual's re-construction of identity as a cancer survivor. Social support and increased feelings of control over one's situation are recognized as being critical to overall health (Sarafino, 2008), however, little has been done to examine how those aspects are conceptualized and developed in relation to identity. The interactions that occur within group exercise programs are likely to facilitate the construction of a positive identity after cancer, including the development of survivorship.

In addition to the above-mentioned benefits, group exercise participants also reported developing group identity and group cohesion (Midtgaard et al., 2006). Richey and Brown (2007) discuss the construction of identity in their emergent self model as being comprised of different views of self that are constantly being negotiated depending on the environment. Construction of identity is a communicative process, certain concepts and behaviors are negotiated and altered as individuals receive feedback from their surroundings. It is plausible that group exercise class is an area where a significant amount of interaction that leads to the development of a positive identity among cancer survivors occurs on the individual and group level.

Accordingly, there remains a need for research directly exploring the formation of identity in those who have participated in a group exercise program while going through treatment for cancer. As in the earlier quotation by Lance Armstrong (2001), receiving a cancer diagnosis may shatter an individual's identity. Following diagnosis and continuing through treatment, patients begin the process of reshaping their identity. Many things can affect this process, but among them, the interactions that a person has with others significantly affect the way they see themselves. Participation in a group exercise class during cancer treatment and the unique interactions that occur could obviously have a significant effect on the process of reshaping identity.

As the term is employed in their research, "identity is conceptualized as a product of social interaction in which the self, influenced by the norms and mores of Western society, is constituted by and usually adheres to the expectations of others," (Hecht et al., 2005, p. 260). Richey and Brown (2007) also point out that the process of identity construction is an "ongoing, interactive human social process of communication" (p. 147), and that it, "occurs at the dynamic intersections between one's experience of self, one's social interactions, and one's situated cultural identity," (p. 147). Identity construction, also referred to as the development of self, is constructed through a social process. Identity is not a static concept; it is constantly evolving and changing through communicative processes with our environments. When a life-altering event such as a cancer diagnosis occurs, it is likely that the view of self will be radically altered. Richey and Brown (2007) note that once an individual is aware that he or she has cancer, their view of self undergoes a "significant transformation" (p. 149). During this

transformation, an individual can choose to engage in complex interaction that facilitates empowered decision making, a process that constructs an empowered self. The concept of an empowered self incorporates agency, “the ongoing product of communication between the person with cancer and his or her immediate social and medical relationships...cultural and relational ‘selves’ constructed in interaction regarding the nature of ‘having’ cancer” (p. 149).

The emergent self model (Richey and Brown, 2007) breaks the construction of self into three systems: the experiential self, the relational self, and the cultural self. The model employs five concepts that comprise the “*experiential self*” (p. 153) that are constantly changing and developing over time. Embodiment, agency, symbolicity, personality, and sociality are negotiated through an individual’s abilities and relationships. Embodiment is described as “consciousness of and through one’s physicality and presence in the natural world” (p. 153), or essentially how a person understands his or her physical identity in relation to the world. Agency is understood as “consciousness of one’s power to choose (interpret) among possibilities and to act on one’s choices in the world” (p. 153). Agency highlights one’s free will in interpreting self within the world of human communication. Humans actively interpret the world around them; the decisions that they make are based upon their own choices. The third concept, symbolicity, refers to the “capacity for and reliance on symbolic interaction; language and nonverbal communication” (p. 153). The concepts of personality and sociality are described as, “capacity for the development of personal affect and behavior over time” (p. 153), and “capacity for and inclination toward relating to others” (p. 153).

In discussing the “*relational self*”, Richey and Brown (2007) note that all interactions with other human beings are unique and merge together a co-construction of reality. Due to this process, the concept of one’s self is often molded and redefined differently in each relationship. It is through relationships that “a person’s interpretation of self is in constant reconstructive motion—part as reaction to the distinct relational other, but also as a synergistic construction of new vistas of self-expression” (p. 154).

The third system of self, “*cultural self*”, is described as the part of an individual’s identity that is shaped by communicating within a “society’s parameters of value, social practice, and symbolic interaction” (Richey & Brown, 2007, p. 155). Culture can affect identity construction by setting certain parameters within which an individual develop emergent concepts of self. The ongoing, cultural interpretation of identity is described by Richey and Brown as the “individuation of culture” (p. 155). When the three systems of self overlap, there is an area that is created and is referred to as the “now of that lived moment” (p. 148), this is described as “being in a state of continuous being” (p. 148).

This study utilizes Richey and Brown’s (2007) emergent self model to better explain the phenomena of identity construction among cancer survivors. While this model was developed and described to explain the construction of identity among cancer survivors, as yet little research has been done specifically linking this model to the life experience of cancer survivors. The central concept in the model is the focus on there being “multiple dimensions of self” and that the process of negotiating those dimensions is a “dynamic emergent process rather than a static or stable product” (p. 156). The best way to understand this process as noted by Richey and Brown is through self-narration.

Narratives originate as individuals share their lived experience, hence the emergent self model is highly consistent with the methodology of qualitative conversational interviews that was utilized in this study. While many aspects of a person's life can influence their identity, the focal point of this study will be how participation in a group exercise program during treatment reshaped participant's identities. Against the background of this research and theory the following research question was posed:

RQ1: What is the lived experience of reshaping identity among individuals who have been through cancer treatment and participated in a group exercise program?

Chapter 2

Research Methodologies

The purpose of this study was to understand how individuals who have participated in a specific group exercise program during and after their treatment for cancer have reconstructed identity. I searched for this understanding by eliciting the lived experiences of my co-researchers during their cancer treatment and participation in a group exercise program. My goal was to better describe the particular lived experiences of my co-researchers and to understand cancer in terms of themes that emerged from the experiences they shared in conjunction with my own. I expected that my co-researchers would have constructed individual identities of life as a cancer survivor. I also expected that this newly constructed identity would be influenced by participation in an exercise class as part of their treatment.

2.1 Research Contexture

To background this research, it is crucial that I first establish the perspective on scientific inquiry that I will adopt throughout this study. As a researcher it is essential that I acknowledge the stances that I have adopted in making decisions with regards to research within their particular context, moving from ontology, to epistemology, to theoretical perspective, to methodologies, to finally, methods (Crotty, 1998). Realism is the ontology I adopt, constructionism is my epistemological stance, and interpretivism is my theoretical perspective. These epistemological commitments frame my methodology, methods of data collection and my analysis.

2.1.1 Ontology and Epistemology

As a researcher it is important to clarify my understanding of the nature of reality and the types of knowledge I believe to be possible. By doing so I clarify what my position is in every level of my research, from my beliefs going into the project, to how the results were interpreted, to how those results are presented to readers. A person's ontological perception, or "what is," (Crotty, 1998, p. 10) is closely related to one's epistemological stance, which Crotty describes as "a way of understanding and explaining how we know what we know" (p.3). Realism, the ontology that my study is grounded in, states that matter and energy exist outside the subjective human mind. Epistemology provides a philosophical basis for determining what types of knowledge are possible in scientific research and how one can determine that the knowledge is sufficient and authentic. The epistemology in this study, Constructionism, rejects the idea that meaning exists in objects and can be discovered. Instead, Constructionists, myself included, operate under the belief that meaning is created through lived human experience and interaction. Human science researchers that adopt this epistemological understanding posit that all human meaning is constructed in interaction with the world. Each individual constructs his or her own meanings for experiences, hold it is possible and probable, that different people will create different meanings in regard to the same event.

2.1.2 Theoretical perspective

In the research contexture, a theoretical perspective is "the philosophical stance that lies behind our chosen methodology" (Crotty, 2009, p.7). The theoretical perspective

grounding the methodology for this study is Interpretivism. As humans we are situated in a variety of cultural contexts that inform the ways in which we interpret the world, hence researchers in interpretivism are involved in identifying “culturally derived and historically situated interpretations of the social life-world” (Crotty, 2009, p. 67).

Interpretivists assert that humans co-construct their realities through “basic social interactions whereby we enter into the perceptions, attitudes, and values of a community” (p. 8).

From a social construction perspective, interactions are the basis by which each human constructs his or her own reality. Crotty (1998) notes that what sets this stance apart from other ways of viewing reality “is understanding that all meaningful reality, precisely as meaningful reality, is socially constructed” (p. 55). The world that each person experiences is completely unique; it is built on the interactions, conversations, and experiences that the individual has had in their lifetime. That world is constantly being changed and altered as new knowledge is gained.

The notion that illness is socially constructed is not a new one. Lorber (1997) points out that “all of patients’ social characteristics have an effect [on their illness]. This effect is shaped by their social networks, their work and financial status, their family obligations, and their medical care systems and values of their society” (p. 6). Each individual experiences illness in his or own unique way depending on various characteristics. A broken arm would not be much more than a temporary inconvenience for a teacher; however, it could possibly inflict detrimental career effects on a professional tennis player. Lorber also points out that whether the illness is chronic or

acute is another factor that would affect the experience of illness. Cancer is an illness that can present as an acute or a chronic condition, depending on how early it is caught. This would significantly affect an individual's perception of his or her illness for as Lorber states, "A cure restores them [patients] to their former roles; a chronic condition forces them to modify those roles and establish new patterns of behavior" (p. 4).

2.1.3 Research Methodology

A specific research methodology "is the research design that shapes our choice and use of particular methods and links them to the desired outcomes" (Crotty, 1998, p. 7). In this study narrative inquiry is the chosen methodology. Kvale and Brinkman (2009) posit that the main focus of such inquiry is to "understand the meanings of central themes in the life world of the subjects" (p. 31). Lindlof and Taylor (2002) maintain that only through such a methodology can one obtain the "whole story" (p. 179). In order to gather the whole story of the lived experiences of cancer survivors who participated in a group exercise program during their treatment, and to examine how their participation in the group influenced the reshaping of their identities, it was essential to gather all possible information regarding the participants' experiences.

Case study methodology would not have been ideal because the purpose of this study was to gain a range of experiences, not to rely on one individual. Traditional quantitative data collection utilizing survey methodology would also have failed to gain a complete understanding of the participant's lived experiences.

2.1.4 Method: Conversational Interviewing

The goal in my research was to gather narrative accounts from my co-researchers about their experiences. The method of conversational interviewing is particularly appropriate for this study because it is an effective means of soliciting narrative accounts from my co-researchers. Conversational interviewing is a method involving discussion between two people about a topic of mutual interest that both are knowledgeable about (Kvale, 1996) and uses open ended questions to move a conversation in the general direction the researcher needs in order to capture descriptions pertinent to addressing the research question. In the research, such questions included, for example, “What experiences in your rehab have had a significant impact on the way that you see yourself now?” or “How have your interactions with others in the rehab group helped to reshape the way you see yourself?” These types of questions allowed my co-researchers to decide what aspects of their experiences were most relevant to their perceptions of the phenomenon under discussion, but in asking such leading, purposeful questions I was able as a researcher to focus on the topic of interest. Successful conversational interviewing is both a craft and a skill. “Craftsmanship” (Kvale & Brinkman, 2009) is essential in any study, ensuring that the questions being asked are probing at the intended topic. An interviewer’s skill and subject matter knowledge determines the quality of data produced in an interview. The data that are gathered are subject to continual analysis, both while the interview process is occurring, as well as afterwards when it is transformed into capta and thoroughly studied for emergent themes.

The conversational interview is best understood as a construction site that builds new knowledge (Kvale & Brinkman, 2009). In the interview, both the researcher and the co-researcher bring their own existing knowledge to the interview, and in the process of discussing it, they create new meanings, insights, and understandings of the lived experience. The interview itself is constructed in that "it is a specific form of human interaction in which knowledge evolves through a dialogue" (p. 125). The conversational interview allows the researcher to, "capture and explicate the 'whole story'" (Lindlof & Taylor, 2002, p. 180). For this study, conversational inquiry was the ideal method of qualitative research. Due to the sensitive nature of the topics participants discussed, focus groups would not have been private enough to encourage full disclosure. Personal interviews allowed for only that individual's ideas to be addressed, without influence from others, as would have been the case in focus groups.

2.1.5 Method: Thematic Analysis

I analyzed the conversational interview data for "the story they have to tell, a chronology of unfolding events, and turning points or epiphanies" (Creswell, 2007, p. 155). The method used to analyze the data was thematic analysis, which involves teasing out and grouping the information pertinent to the topic of study thematically. The themes were then interpreted and discussed in relation to previous literature.

Interpretation involves the process of locating meaning and understanding in the descriptive text, and the emergent themes of the co-researcher's narratives, by becoming a "conduit through which such voices can be heard" (Denzin & Lincoln, 2000, p. 23). I concentrated on the perspective of each co-researcher, setting aside my preconceived

notions about cancer, but still referencing my own experiences with cancer. Thematic analysis informs every stage of the research process. To find the similarities of lived experience I had to interpret and re-interpret the meanings of my own lived experiences and those of my co-researchers and to “make sense” (p. 23) of the meanings that emerged in the process of interviewing. As the researcher it was necessary that I immerse myself in thematic analysis by continuously interpreting, reading, writing, and analyzing the data/capta for these emergent themes throughout the research process. In the chapters that follow I provide descriptions of the details of the interview interaction and self narratives to reflect the experience and intent of my co-researchers. The emergent themes that arose are then used to represent the co-researchers’ collective experiences of the research phenomenon.

2.2 Participants

In human science research it is not the goal to generalize over a larger population of people; instead, the goal is to understand the lived experiences of individuals in a particular group. As such, a small sample size was ideal so that I could fully immerse myself in the lived experiences of my co-researchers. The sample for this study was a convenience sample gathered on a volunteer basis. All participants were in the maintenance phase of an oncology rehabilitation program at a large hospital in Alaska. The maintenance phase of the program includes participants that have already completed the initial group exercise portion of the rehabilitation program. They continue to utilize the oncology rehabilitation facility, however, they are free to exercise on their own and at whatever time is most convenient for them, as opposed to working out in specific group

classes held twice daily and supervised by nurses, as in the earlier phase. Many of the individuals in the maintenance phase have formed smaller sub-groups that continue to utilize the facility together. I was able to contact 5 individuals who agreed to participate in the study. My goal in the study was to interview 8 people, however, an unanticipated delay in applying for and receiving secondary IRB approval restricted the time frame available for interviewing. Kvale and Brinkman (2009) argue that an acceptable number of interviews is 15 plus or minus 10 participants (p. 102).

2.3 Procedure

A letter describing the study and requesting volunteers (Appendix A) was distributed in the folders of those in the maintenance phase. The same letter was also posted on a bulletin board in the rehab gym. The nurse supervising the rehabilitation program was in charge of distributing the letters.

Individuals who read the letters were asked to contact me via email or phone. During the initial contact with the volunteers, either by phone or email, I introduced the topic of my study and myself. I then briefly described the interviews and what they would entail, making sure to emphasize that these were to be conversational interviews that would most likely take between sixty and ninety minutes, but would have no strict time limit. After explaining the interview process I then set up a time to meet with each participant individually.

Interviews took place in the café located in the cancer care center at the large, Alaskan hospital. When I met with the participants for the interview, I reminded them that participation in the study was completely voluntary and that they could withdrawal at

any time. Each participant who volunteered was provided with an informed consent form (Appendix B) that detailed the purpose, procedures, and potential risks of the research, the voluntary nature of their participation, and the confidentiality of their interview materials. Prior to the interviews participants were asked to sign the informed consent form, and all concerns that the participants had were addressed.

In the interviews I asked my co-researchers open-ended questions that facilitated authentic conversations about their “experience and perspective” (Lindlof & Taylor, 2002, p. 173) in participating in the rehab program. Initially, to help direct my co-researchers into the frame of mind desired I read the following quotation from Lance Armstrong (2001) describing his reaction to receiving a testicular cancer diagnosis at age 25:

I questioned everything: my world, my profession, myself. I had left the house an indestructible 25-year-old, bulletproof. Cancer would change everything for me, I realized; it wouldn't just derail my career, it would deprive me of my entire definition of who I was. (p. 14)

I then asked them, ‘looking back on your own diagnosis and the treatments you have endured, how has the way you see yourself changed?’ From there, more probes were used to gather information from participants as to how their experiences and interactions within the oncology rehab program helped them to reshape their identity.

Interviews were captured using a digital recorder, I then uploaded the files on to my computer and transcribed them shortly after I conducted them, while initial impressions, opinions, and observations were still fresh in my mind. During the

transcription process I recorded both the spoken words and the nonverbal behavior of myself and my co-researchers. Non-verbal communication forms a hole with verbal communication, therefore, non-verbal gestures needed to be recorded as well. Especially when the non-verbal gestures contradicted, reinforced, or added clarity to what had been said. All records of this study's capta will be kept in the University of Alaska Fairbanks Department of Communication for five years, after which time they will be destroyed.

2.4 Researcher as Research Tool

In Human Science research, the researcher must acknowledge that she is the research tool and is personally involved in the research, the setting, and the experience of the study (Kvale & Brinkman, 2009). My own life experiences inform my world view and unavoidably influence my research. Research is "an interactive process shaped by personal history, biography, gender, social class, race, and ethnicity, and by those of the people in the setting" (Denzin & Lincoln, 2000, p. 6). As a consequence, I must ensure to be reflexive throughout the research process, and communicate that reflexivity to my readers. Communicating this reflexivity includes providing an account of how personal interest, bias, personality, and value orientation all influence the research that has been conducted.

As indicated in section 1.1, the experience of life after cancer is of particular interest to me because I am the daughter of a cancer survivor and am extremely committed to understanding more about how cancer impacts an individuals' sense of identity. My father's diagnosis sparked my interest in this topic; however, it was a combination of his cancer and my interest in fitness that specifically pointed me in the

direction of this study. I operate under the belief that the best way to understand other individuals' experiences with cancer is through hearing their stories in natural, everyday language.

As the daughter of a cancer survivor I have already constructed meanings for the experience of cancer, and as a consequence, I may favor some interpretations that align most clearly with the construction I have created. My personal experience with cancer, and with exercise in general, will impact the ways in which I have interpreted the narratives of my co-researchers. Being a twenty-five-year old white female, I was significantly younger than all of my co-researchers, which may have affected how trustworthy I appeared to those who participated in the interviews. As an individual that has not actually had cancer, I may have appeared to my co-researchers as an "outsider," making them less comfortable disclosing everything about their experiences with cancer. Culturally speaking, I grew up in Alaska so that I will have shared certain experiences with my co-researchers that also live in Alaska. These aspects of my identity may have impacted how my co-researchers and I interacted; therefore the nature of the narratives we co-constructed may have been affected.

Chapter 3

Narrative Perspectives

In the previous chapter the choices I made at every level of the research contexture were outlined so that the reader may understand how I approached this research and evaluate its quality and merit. This chapter contains descriptions of the interviews that I conducted with my co-researchers. The interviews have been described so as to portray the co-construction of both my own and my co-researcher's understandings. To best describe this process I will show the continuous interaction in the voices of my co-researcher and myself.

3.1 Lynette's Conversational Interview

I meet Lynette, my first co-researcher, for the first time in the hospital's cancer care center. We had agreed to meet in a small café just down the hall from the oncology rehab facility where Lynette has just finished her workout. She is a woman in her mid-sixties who had been diagnosed with breast cancer. She arrives looking happy and energetic, promptly sitting down and pulling out her knitting as I introduce myself. I hand her the informed consent form and we go over it together, she does not have any questions. I ask her if she understands the consent form and she says "oh yes, I used to be a nurse practitioner so I'm very familiar with research procedures." I begin by showing Lynette the quote by Lance Armstrong and ask her if his reaction to a cancer diagnosis was similar to her own experience. As she reads the quotation she gives a half-smile and nods slightly as she begins to speak, "Yep, yes, that is exactly how it is. One minute you are going along and everything is fine and then bam! You get hit with a

diagnosis. It really takes the wind out of your sails.” Lynette then re-counts that she happened upon a lump in her breast while doing a self-exam. She explains that as a nurse practitioner she was very conscientious about her body and the different things that she could do to detect illness at an early stage. Self-breast exams are something that fell into that category. Lynette adds that when she noticed the lump she consulted her gynecologist who instructed her to wait two weeks and then check for it again. When the lump was still there she proceeded to have a mammogram and then a biopsy on the lump. The biopsy revealed that she had stage 3 breast cancer that had spread to her lymph nodes. “It really was a shock,” she reflects, “I had seen it happen to other people, but it never seemed like it could happen to me.”

Lynette then describes her life before cancer. She was a nurse practitioner working in a local clinic. She enjoyed her job very much and was often involved in community service projects. When she was diagnosed with breast cancer she was faced with whether or not to have surgery to remove her breasts. In an effort to “get rid of as much as possible” she chose to have a double mastectomy. Knowing that it is not uncommon for women to have a strong crisis of identity when their breasts are removed, I ask her about this process. She laughs and responds with a smile:

It wasn't a big deal for me. My son actually asked me if I was going to have reconstruction surgery and I laughed at him! I said, ‘Are you kidding me?! Now I have a closet full of boobs--any size I want.’ Any formal dress I want to I can wear and choose the boobs that fit it best. It has actually been a very liberating experience. Especially in regards to exercise, it's so much more comfortable!

You see, I used to have big boobs--I mean really big, like DDs, and as you can see, I'm not a tall woman. So now, without them I can move so much easier and my back pain is gone. It's wonderful. And God bless my husband, he doesn't seem to mind--and he is a boob-man!

We share a laugh together about her story before I move on to specifically discussing the Oncology Rehab program. I ask her how the rehab program has helped her in her recovery. She takes a moment to think, pausing from her knitting which she has been going at furiously up until this point. Lynette responds thoughtfully:

The energy has been a huge change for me. Being in the rehab program and working with Callie and Mary [the nurses that run the program] has really boosted my energy. The chemotherapy and radiation have really taken their tolls on me, especially since my cancer is metastatic it is a constant battle to have energy.

Exercising has made it so that I can go a lot longer without having to take a break.

Noticing the somewhat reminiscent tone that Lynette takes as she begins speaking about her energy levels, I ask if she considered herself a 'high-energy' person before her cancer.

Yes, yes definitely. My work was very important to me. And my work within the community. I felt like my body was betraying me--I just couldn't make it do the things that I wanted, things that were such an integral part of who I was. It was very confusing and frustrating, like I had no control.

I again inquire about the rehab program, asking how it helped with her energy levels. Lynette perks up immediately and smiles, stating that it has helped "a ridiculous

amount.” She goes on to elaborate, explaining that she still is tired more often than before being diagnosed with cancer, but that since starting the program she “has felt a lot of improvement”, and feels like she is slowly building up to being able to do the things she did before cancer. Interested in hearing more about the changes that she has noticed in herself since beginning the rehab program, I probe further about her interactions with fellow patients in the program. Again, she is thoughtful for a moment before answering:

I guess it makes me realize that I don't have it all that bad. Seeing others that have it worse off than me--I thought about how horrible it would be if my kids had been young when this happened, or if it I wouldn't have been able to retire and had to worry about getting back to work. And the thing is, my job used to be a really important part of who I was, it wasn't just something that I did to make money. When I was first diagnosed I tried to keep working. I just ended up being too tired, and if I couldn't do my job 100% I didn't want to do it at all. So when I retired, well, at first I was really sad, but then I realized that I had time to do all the things that I used to want to do but never had time. Now my husband and I will go to the gym together on days that I don't workout in the rehab facility, I have time to knit. [gestures to the knitting in her lap]

Lynette has been speaking earnestly up until this point, but slows considerably as she begins to talk about the other members of the program:

There was one woman I met in the program...she was probably about forty. She had young children and was really stressed out. She was obviously depressed about what she had done to her family, the stress that she was inflicting on her

husband and children. I talked to her a few times. I would tell her that she can get through it. One day at a time. That's how I did the treatment. I remember her saying that even coming to the rehab program seemed like an imposition on her family because it was time she wasn't spending with them, and that she had so many days where she just couldn't do anything. That spending time when she was able to be active working out felt a little bit selfish.

Lynette pauses again and looks out the window before continuing:

I guess I kind of knew what she was talking about. Or think I know what she meant. She didn't want to waste any time that she had away from the people she loved. That's the way it is when you have this disease, you don't want to be pessimistic, but you also have to be realistic. Cancer kills people. And I'm going to fight like hell to not be one of those people, but I still know that it gets some of them.

Again there is a pause in the conversation as I wait to see if she has more to add to her thought. She doesn't elaborate further, so I ask her if she remained close with the woman she mentioned. "Not really. I mean if I saw her I would stop and talk to her, but we don't call each other up or anything."

In an effort to move the conversation along, I inquire further about whether she had been involved in exercise classes before the oncology rehab program. She indicates that she had not, and that she was an "active person," but had never gone to a gym on a regular basis until now. I ask if she would continue to exercise and she responds,

Oh yes, for sure. I want to do everything I can to keep the cancer at bay. Being healthy is crucial to making sure I stick around here as long as possible. This sort of gave me a reason to be selfish. To make time to workout instead of feeling like I should be doing something else. Plus this is a safe place.

I ask her what she meant by “safe place” and she admits,

I guess because I know that Callie or Mary is there to make sure I’m okay. They tell me how fast I’m going, they tell me how long to do something, they tell me how much weight to use. I don’t have to guess on things, or be worried about doing something that is going to hurt me. Also, I feel comfortable there. You know, you go to some of these gyms around town and everyone looks--well they look like you! [gestures to researcher] Tall, young, thin--I feel self-conscious, then add-in that I have no idea what I’m doing, it really takes me out of my comfort zone.

I mention that she admitted earlier to going to a gym other than the rehab facility with her husband on off-days. Lynette nods in agreement, “Well, yeah, but that’s because I know what to do now!” We share a laugh before continuing the conversation. I inquire as to what she considers to be the most beneficial part of the rehab program. “It’s all good,” she states, “but I do really enjoy the people--and the meditation.” She begins talking about her use of meditation in combination with her treatment. “The mind really does affect the body,” she states, leaning forward earnestly. I ask her what made her begin meditation and she responds that many people had given her books on alternative healing methods when they learned of her diagnosis, one of which had

concentrated on the power of the mind over the body. She explains that her husband even created a recording for her to listen to while she received chemo treatments. "I think it's nice to have a little control, maybe because you don't really have control when you are going through treatment. Being able to control what my thoughts were was important" she explains. Lynette then goes on to say, "the meditation portion of the program [oncology rehab] is really wonderful. It's almost like you are killing two birds with one stone--taking control of your body and your mind in one class!" She smiles again and settles back into her chair, pausing to count stitches.

Just as I begin to ask a question, Lynette cuts in to talk about her knitting. "I'm really glad I have a chance to do this now," she says as she gestures to the knitting in her lap. I mention that it is a beautiful blanket she is working on and ask who the intended recipient is. "A friend of mine," Lynette answers, "she is going through some rough times and I want to make her something special--this is actually a prayer shawl." Looking up from her knitting she gives a small smile and winks at me before saying, "More and more I find myself enjoying taking care of other people. It's nice to not be the helpless one anymore." Noticing her reoccurring desire to help others, I ask her if that is an old trait or something new. "Well, I guess it's just amplified now," she ponders, "I find myself wanting to help others as much as I can--because I know how much I appreciated the help when I couldn't do anything."

Again turning the conversation back the rehab program, I ask if she had applied that philosophy to others in the program. She nods while still looking down at her knitting:

Yes, definitely. Now when I see someone who doesn't know how to work the equipment I'll make sure to go help them. That's actually how a lot of the conversations get started in there [waves toward the door of the rehab facility]. Someone helps someone else out and then you find yourself in a conversation about how much your scar hurts or where the best place to buy scarves is. It really gives you a lot of one-on-one time with other people that know exactly what you have been going through.

I then ask her if she has participated in any other support groups for cancer patients and she nods and gestures down the hallway. "I went to one," she admits, "but it wasn't for me." I asked her what about it was a turn off to her and she answers,

It just seems like a lot of wasted time. Sitting in a room with a bunch of other people--I guess I would rather talk to just one other person, that way it's more personal. In that case you have to listen to everyone talk, so then if there is someone that is extremely negative you still have to listen and you don't have an opportunity to give encouragement or feedback right away. When we're working out, you talk to just one or two other people. Also, in the rehab I feel like they treat me like a capable, intelligent woman. They never make me feel like a victim or that I'm helpless. I guess that is what the group support felt like. I like to think of myself as having a disease, but I am not a child. There are things that I can do for myself.

As she is speaking Lynette begins sliding to the edge of her seat and leaning closer to me. Her speech has also become more forceful as she discusses her desire to be

acknowledged as more than just a "sick person." I ask her if she felt that the oncology rehab program could function as enough of a support group for other cancer patients. She nods, then stops before continuing,

I guess it depends on the person. My husband is very supportive of me, if I didn't have him I might want more support from others. For me the exercise program is enough. I have the opportunity to interact with other people that are going through the same thing I am. Of course you can never really understand what it's like to go through cancer until you do it, so it's nice to talk to those women that have gone through it, and I like to think that it's nice for those that are still going through treatment to talk to me.

At this point the conversation seems to be drawing to a close. Since she has not yet mentioned survivorship, I as if she does consider herself a survivor. Lynette looks down at her knitting thoughtfully as she ponders her answer,

Well yes, I consider myself a survivor--because I am alive! As long as I continue to breathe and function as a human I am a survivor. I guess for me maybe it's a little different because my cancer is metastatic. Technically I can't be 'cured'--but I am still surviving. I think the day I stop thinking of myself as a survivor is the day that I die.

As a final question I ask Lynette if her attitude on being a survivor has been influenced by the oncology rehab program in any way. She glances back at the door to the facility before answering,

Yeah, I would say so. I guess it has just contributed to me feeling capable, like I can walk for this long, or I can lift this much weight. Just reinforcing the notion that I am not helpless--and seeing everyone else in there--knowing that some of the newbies are looking at me for some inspiration. Knowing that I have to show them that this thing is beatable, because right now they are in a really difficult place physically and emotionally.

I comment that it seems like she has a really good attitude about everything and she smiles and nods, explaining, "Once you've been through cancer so many other things seem so trivial." The conversation seems to lull at this point and I ask her if there is anything else she wants to mention about the rehab program or her experience in general. Lynette thinks for a moment before shaking her head and laughing, "Nope! I think you know everything now!" I then thank Lynette for her time and end the interview.

3.2 Susan's Conversational Interview

I meet my second co-researcher in the same café as my first interview. Susan has just finished her workout at the oncology rehab facility and has come bouncing around the corner with obvious energy. She is seventy-one years old and has a very friendly demeanor. Initially I introduce myself and read the informed consent form to her because she has forgotten her glasses. Susan is Korean and speaks English as her second language. While her accent is thick and she occasionally stumbles looking for the right word, her English is still easy to understand. I ask her if she has any questions about the consent form; she does not. I ask her if she understands the consent form and she says, "Yes, I understand."

I begin by asking Susan what type of cancer she was diagnosed with. She explains the process by which she was diagnosed, sitting on the edge of her seat and looking me in the eye:

I take care of myself very carefully and I do go every year mammogram. And I felt something funny [gesturing to breast] in February 2008. I went to see doctor to get attention, he said, '[Susan], that was there before, you are fine.' So I believed this doctor. So doctor say fine, and I do my thing so 4 or 5 months later it still there. So I went back to the doctor so they could biopsy, and uhhh same day, I feel inside a really strange feeling--I feel like I'm in trouble. So I find this happening a lot with problems.

Susan paused and gestures to her torso, forming her hands into fists and making a stabbing motion. She then continues:

So same day that I had finished my biopsy, I come to [the hospital] looking for--I was desperate for a doctor that could help me because I know inside (gesturing to body) that I am in trouble. Less than 10 minutes after I get there young lady in the hallway, she asked if I was lost. I told her what the situation I in, obviously I was in trouble, I looked like half a crazy woman. I asked her, can you help me, find me a fine doctor. She told me Dr. X, she's a female surgeon. I go as fast as I can! I was very fortunate to find that lady.

Susan again pauses and looks at me with wide eyes, leaning even further toward me as she continues to discuss the process by which she was diagnosed. Within days of first visiting with Dr. X, Susan was in surgery to have the cancer removed. She explains

her treatment as being “very aggressive chemo treatment”. I tell Susan that it sounds like she went through quite an ordeal and she nods in agreement. She then discusses her experience with chemotherapy and radiation treatment:

It not easy. For five months I go to chemo, then I get two week break, then I had to go to radiation. Downstairs. He decided he going to give it to me very aggressive and in a short amount of time. And I want to be dead. Meanwhile, that over here (gesturing to oncology rehab gym) what they call it? Oncology rehab, yeah, without that I would have never made it.

I am taken slightly of-guard by Susan’s point-blank mention of not making it with the rehab program. I look at her with surprise and ask “Really?” She nods seriously and says:

Yeah. This is much as strongly. Whoever I see there they go to chemo, I would highly recommend it. I used to, when I was going through chemo—could barely walk. They take everything out of you.

Susan continues to stare at me as tears begin to well up in her eyes. I inquire as to whether she used the oncology rehab through all her treatment and she nods. “Yep,” she states, “I get the real mean chemo [makes disgusted face], but in three months—I never miss a session.” As she says the last part of the sentence Susan seems to swell up with pride, sitting up a bit taller in her seat while she continues, “ALLLLL the way, radiation, without that rehab, there is no way I would have made it.” I mention that she seems to think very highly of the rehab program and wonder what about it was so helpful. Susan cocks her head to the side as she ponders her answer before stating:

Welllll Callie and Mary, they some of the most awesome ladies that I ever seen.

Couple young ladies. They encourage you, they answer you whenever you have a questions. Just all the way around, and friends. She [Callie] know I pretty down, but she kept saying ‘take it easy, you can do it! Just keep moving, keep doing it.’

It just awesome, I don’t know how I explain. Like I told Callie, without you lady [long pause] *I don’t think I can make it to who I am right now.*

Noticing again that Susan is praising the program without giving too many specifics I ask her to elaborate on what parts of the oncology rehab she found most beneficial. My co-researcher posits:

We support each other, we talk about it. We wide open we talk about it. Some women have different types of cancer, but we in the same boat. We run down, we didn’t have nothing. But you just are friend, get to know each other over time, we just encourage each other and just next thing you know, my treatment finished and oh boy—a month or two ago I never thought I could sit down here and talk to you today. I come alive each day. Unbelievable.

Susan and I then go on to discuss how she has made friendships with others from the program, but doesn’t really see them outside of class, often because of scheduling issues. She then mentions that she tends to be a very “independent single woman” and is comfortable doing things on her own. We talk at length about her adventures in the wilderness and her love of all things outdoors, including snow-machining, canoeing, and hiking. Susan also states that the rehab program is helping her to “get prepared for outdoor fun” that she enjoys so much. I inquire if she plans on attending the program

once summer arrives and she will be able to perform more outdoor activities. My co-research thinks for a moment before answering, “Yeah. Yeah I still come. But not as much--I like outside!” We share a laugh before I ask her if she considers the oncology rehab a support group. Susan thinks for a moment about her response before answering:

Wheeeelllll [pause] when you diagnosed with the cancer you know you in trouble.

What can I say. So I used to be fear. My attitude used to be, oh no, I don't want to hear about that. Just don't want to go through what it is. But I was wrong.

Then you met some lady, over twenty years she survived. Then you met some lady, she survive five years, seven years, it's really encouraging.

My co-researcher pauses for another minute and looks down at her hands. I ask her if she discusses her cancer with anyone outside of the rehab program. Susan looks up at me after a long pause:

I [she hesitates] not much, because all my life, I was kinda an isolated person. I do what I do for my job, then I go to the wilderness [she hesitates again] I think in the near future I like to get a little bit more, support some other young lady that diagnosed with breast cancer. I like to talk to them and I say, ‘hey, that’s what it is’. I tell them ‘hey, I’m an old woman and look I can do it’. I have to operate in baby steps—because my English not so good. See I can look at you eye to eye and show you what I want to say, but in order for me to you know, talk on phone, I don’t think they understand me. My English just enough broken English to get in trouble, so I be very careful. What I like to do is, uh, if I happen to meet someone that I can help, then I will.

Susan then mentions that the inspiration she received from others motivated her “you try to just do the best you know how, and keep going don’t give up. Do the right thing. That’s why this exercise program, oh, unbelievable.” I ask my co-researcher if now that she is in remission and has been working out in the program for several months, she feels herself becoming one of the group members that inspired the new additions. She nods enthusiastically before answering:

yeah yeah sure. Oh yeah, oh yeah. You betcha. Matter of fact I met a young lady, she’s uhh maybe in her 40s, I’m over 70. She going through the same chemo I go through and she have surgery and of course she’s worried. And I looked at her and said, ‘hey, I went through your treatment—piece of cake—you know if an old woman went through, you can do it piece of cake’. She told me, every time she in chemo she thinking about me.

We then go on to discuss the prevalence of breast cancer for a while, and Susan mentions how it seems to be turning into an epidemic. I then try to direct the interview back towards a discussion of identity by asking her how the way she sees herself has changed since she was diagnosed. It takes her a moment to answer:

Boy when you down in the dumps, everybody pump you up, and you see that, they just like you. They try to get better, and you do the same thing here, mentally, physically, it’s a wonderful program. And you will be feeling better. A little over a month ago I wouldn’t be here sitting like this. And every day my energy level is unbelievable, which is why I know I’m gonna win. I tell those girls I know.

Susan nods enthusiastically as she speaks; once again she is sitting up tall in her chair and making strong eye-contact. I ask her if she had the “I’m gonna win” attitude before cancer, and she replies:

Naaa--a couple of times the doctor said, oh Susan I don’t know, I think we should skip it, and I look at the doctor and I tell him—I come a long way-you ain’t skipping nothing! You gonna sock it to me! And with it that infuse nurse, they wonderful too. They tell me I’m a fighter. They say, no, you not skipping nothing. Lot of old lady they say can’t take it so they had to stop for awhile--then they go back after awhile. No, not me, I never miss.

Again I notice Susan mentioning her dedication to the program, despite the extremely draining chemo treatments she was receiving which prompts me to ask her if the exercise has helped boost her energy level. She speculates:

you recapture your energy--that benefit of the treatment--couple times Cindy told me. I won’t give up. I don’t give up. That’s the uh, that’s uh, if I had to tell people with the breast cancer, my first words would be ‘don’t you ever give up! You become a winner!’

Susan elaborates further on her new-found proactive attitude:

when doctor told me you got the cancer, one of the cancer triple negative--very aggressive one. Yes, it’s scared and you really like ‘wow, I’m in trouble’, and uh, but then on the other side, all that modern medicine anddddd I told myself—hmmm--I’m gonna beat it. This one. I’m gonna come out a winner in this fight. No matter what, that’s what I did--I keep it very simple--don’t think nothing,

that's what I tell that young lady. Keep it simple. They know you--people going through chemo, it not easy and they laid you off, then hey—you gotta do yourself number 1. Then when you get yourself, get all your treatment finished, THEN you go talk to your job. Your boss. Whoever. I know it hard because you young lady—you got children, it's very tough, you have to win. I imagine it very difficult because my children grown up—long ago, so I can focus on myself. But this young lady, she got kids, so it's eh--that's why they gotta do something about the young lady getting breast cancer. Gotta somehow stop it. Find a cure. They got to. Otherwise bigtime trouble. It's not pretty.

We again discuss the prevalence of breast cancer, and it becomes evident that the interview is not yielding any new information. I thank Susan for her participation and end the interview.

3.3 Bree's Conversational Interview

I meet Bree for the first time when she approaches me in the café at the hospital after her oncology rehab workout. She appears to be in her late sixties-early seventies, although she never mentions her age. Already Bree appears to be in a bit of a rush and we quickly settle into our seats and I hand her an informed consent form. Once she has read it I ask if she is a willing participant and she nods as she signs the form: "I've participated in research before, I know the drill," is her response. Immediately she is staring at me expectantly, waiting for the first question.

I begin the interview by showing her the quotation by Lance Armstrong that describes his initial reaction to a cancer diagnosis and ask if her experience was similar. She carefully reads the quotation before jumping into her answer:

Well, I first had cancer at the end of 2000 first part of 2001 and they thought it was cured at that point and then it came back a little over 5 years later in 2006, so now I have incurable metastatic cancer--so it definitely changes your life.

Bree is very matter-of-fact as she discusses her diagnosis; it almost appears that she is talking about someone else other than herself. I inquire as to how long she has been attending the rehab program and she indicates that she had been involved for over three years, also mentioning that, "Most people go 20 sessions, then they have a maintenance program, but my insurance pays so I go." Still Bree seems very detached from what she says, briefly glancing at a couple that have taken a seat at a table twenty feet away from us.

Wanting to turn the interview toward identity I ask Bree about how the way she sees herself has changed since her cancer diagnosis, and if that has been influenced by the oncology rehab program. Bree leans back in her seat and stares at the wall before answering:

When I first discovered the reoccurrence we were living overseas, so we came back to the States and between the radiation and the cancer I lost two vertebrae, so I'm about two inches shorter and things were very delicate at that point. As you very well know, you need your back to walk, so I was not able to walk at all so this program as well as my own efforts made me able to walk again and help to

make my body strong. We had to be very careful about what we did so we didn't damage the sensitive part.

Bree pauses and gestures at the length of her body, sitting casually in the seat across from me:

And you can see how I move around today, and the cancer has probably progressed, but I still do well. When I say I couldn't move, I could walk a bit, but mostly by holding on to things. They started me off walking 5 minutes a day in the house, I moved it to 10 minutes a day as soon as I could--so I kept doing more than they told me to.

Observing that Bree has mentioned the physical benefits of participation in the program, but has not yet acknowledged interactions with patients, I probe further into her experience by asking what aspects of the program she feels were especially beneficial. At this point, Bree appears to be opening up and relaxing. She ponders the question before saying,

I think the most important part is the actual exercise, at least for me. I'm sure everyone is different. Callie and Mary do an outstanding job and help you exercise the way you need to exercise in accordance with your doctors. The social support is always nice and it's always nice to be able to support other folks. I don't only come for the social support--I come to get stronger--having metastatic cancer I need my body to be as strong as it can be

As Bree is finishing her sentence a woman walks near us and waves enthusiastically at Bree. After brief greetings are exchanged, we continue on with the

interview Bree explains that the woman is another member of the oncology rehab program. This interaction prompts me to ask if she has developed relationships with other members of the program. Bree nods as she begins:

Yeah, yeah. I have a lot of friends otherwise, so it makes it hard sometimes to work cancer friends into my life--but I do try--and you know when people want to be a friend, so I have made a friend. I've also been a part of other support groups and do have a lot of cancer friends and I try to give some attention to those friendships--I have one or two friends that I'm really good friends with, although they didn't come through oncology rehab, although they did participate in oncology rehab.

I follow up by asking what other support groups Bree has participated in and she replies that she is attending a group that meets on a monthly basis at the hospital. My co-researcher also indicates that her experience in the support group has been positive. I then inquire as to whether or not she believes the oncology rehab program would be an adequate support group for people. Bree responds with a shake of her head:

I think it's different for each person, everyone has a different requirement for need of support. For me it probably would have been adequate, but when I started off I wanted to know as much as I could so I went to the other support groups too. It's just that I have such a full life otherwise--once I can move around.

Bree pauses as if to say something more, and then looks at me expectantly. I inquire as to whether she discusses her experience in oncology rehab with people outside of the program. She nods enthusiastically:

Yes, I'm very open, I share a lot about my experience because most everybody has someone, knows someone that has had cancer and it seems that as I perceive it, it seems to be helpful to people to see someone that is metastatic and sees everything that they can do, it doesn't make cancer quite so scary--they can see that it can be done--most everyone I know knows I have cancer.

Turning the conversation back to the oncology rehab program, I ask Bree about the interactions she has had with other members of the rehab group. "You mean like during the workouts?" she clarifies. When I nod in agreement she thoughtfully watches the couple still sitting at a table near us for a few moments before continuing:

Yeah, because again, I think sometimes--I mostly try to listen to the other people, but usually you know people want to hear your story. And it seems like it inspires, because most of the people in the program, I'd say the majority, have cancer that is expected to be cured. But to have great fear that it will reoccur, it's just a very intense and deep fear, so when they do see someone that is living with it makes it not quite so scary, eliminate that fear.

Bree is now leaning back in her chair and shudders as she discusses how scary a cancer diagnosis can be for people. I ask her if she had thought about her risk for cancer prior to being diagnosed and she immediately shakes her head as she begins to speak:

Well, I had a lot of people in my family that had cancer, but I wasn't particularly focused on it because I was too busy to think about that stuff too much, and mine was discovered in a mammogram back in 2000, end of 2000. [Long pause] Then of course they thought I was cured [again she pauses] then the second time I had a

lot of back pain because when it metastasized it went in my bones so that was what tipped me off the second time, when it first reoccurred. Went five years, without knowing or feeling or being aware that I had anymore cancer.

Bree continues to shake her head in disbelief. I ask her if as soon as she felt the back pain she knew that it could be the cancer again. Again my co-researcher shakes her head as she indicates that was not the case:

Well, you know, because they thought I was cured the first time I didn't read a lot about what would happen if it reoccurred, I had too many things I wanted to do-- we were getting ready to go overseas and so forth, so I didn't really know how to expect it to reoccur if it reoccurred again. I guess I expected it to start in the breast again.

Bree explains that she and her husband were overseas working as volunteers in a war zone when her cancer reoccurred. She explains that in the hurried return to the U.S., "I wasn't capable of thinking or doing much of anything so it was very devastating, very depressing, pretty traumatic." I mention that it seems like a good choice to get back to the United States so that she could receive treatment and Bree responds by saying:

I am a very proactive person. I was a manager most of my life. I spent most of my life senior management. I'm used to being in charge of things. That's one of the things that was so hard when I couldn't walk; I felt a complete loss of control and I've always had a lot of control in my life, so that was pretty difficult. I'm proactive with my treatment all the way around, I have a pretty extensive program

all the way around--mostly it's because I found out about things and got them all coordinated.

Despite her mentioning that she is a very proactive person, I wonder if that has been heightened since the reoccurrence of her cancer. Bree responds that she is more proactive now than before cancer. I ask her if she attributes any of that to the oncology rehab program, and she pauses before answering:

Yes, I think so. I think what happens, again being metastatic like I am, there are several things you have to face and I think it's sorta one of those things, you either sink or you swim and I chose to swim--I feel like the program helped give me a lot of control.

Despite my desire to probe further in to Bree's experience in the rehab program, she glances at her watch and indicates that she needs to leave to attend another appointment. I thank her for her time and we end the interview.

3.4 May's Conversational Interview

I first met May when I was in the oncology rehab facility talking to the nurses that run the program. May walked into the room to deliver a card to Callie and Mary. As she delivered the card, Callie thanked her and told her that if she had time, she should participate in my research interviews. May explained that she was in her early fifties and had been diagnosed with uterine cancer that spread to her ovaries. Immediately May and I began discussing my research project. I was cautious to not discuss more details with her than with any of the other participants to ensure that the results of her interview

would not be affected. We spent several minutes chatting about my degree program and setting up a time that was convenient to meet.

The following day May and I meet in the café at the hospital. Since it is the weekend, the actual café is closed and the area deserted. May comes bounding up the stairs with a large smile on her face, apologizing for running a few minutes late. We share a laugh about being chronically late as I explain that I have similar issues. As we chat I notice that May appeared to be very strong, moving with purpose and precision. We begin talking so quickly and easily that I have to interrupt the conversation to have her read the informed consent form. I asked if she understands and she indicates that she does and signs the form. Her only question is to ensure that her identity will be kept confidential and I assure her that will be the case.

While I had started my other interviews by showing my co-researchers the Lance Armstrong quote, in an attempt to get us on the same page, I did not do that in this particular interview because the conversation naturally emerged. We spend a considerable amount of time discussing her career as a lawyer. I explain that I had also attended law school briefly, but found that the environment was not one that I considered healthy. "Good for you!" she responds before agreeing with my outlook. May explains that she had always wanted to be a lawyer, but waited until she was in her early forties to attend law school. We discuss our frustrations with the field, acknowledging that while the law is extremely fascinating, the majority of individuals that work as lawyers are extremely cynical, unhappy people. At this point it is evident to me that despite our age differences May and I have considerable overlap of meaning. May explains that in one

law firm that she had worked her co-workers were “Messed up. They were unhappy, toxic people, so dependent on drugs.”

May then asks me about my experience in law school and I explain that several issues, including my father’s cancer diagnosis, prompted me to not continue with a career in law. “What a smart decision,” May responds with genuine sympathy in her eyes, “it really is such a toxic environment.” I nod in agreement and ask if she is still practicing law. She says she does not actively practice because “mostly it sucks. But it’s a good skill set. Love the process, hate the profession.” She pauses for a moment and mentions, “I think the system is really broke because the emphasis is on overzealous advocate for high conflict personality rather than counseling people to do the right thing.” We discuss the law and the problems with the legal system in relation to health care for several minutes.

The conversation begins to take a turn toward health issues and May begins to discuss her experience with cancer and her desire for support:

Just being around people who understand, because somebody who--unless you are in healthcare, have been through it yourself, are a caretaker or see the day to day of—people don’t really understand that it’s not a whole—where, alright, you’re over it, back to normal. Things will never be back to what you considered normal before. By connecting with people who have been through it and understand it and you aren’t being judged because if they don’t have that perspective of care giving, being around that person everyday, experiencing it yourself. You can’t let

other people's expectations of you influence you in how, you know it's like, you are kind of in a different world.

May pauses and seems to search for the right word, and I suggest, "a different culture?"

Yeah, it's a different culture and it's not like you can't get along okay in the other one, but you need to--I guess I look at it for me--like you need to protect yourself. And just knowing what things stress me, what situations do I find stressful and how can I deal with this. Maybe this person drains my energy, so I will give them 5 minutes and I'm done. Because, hey, what if I only have 10 minutes left to live?

I ask May if she had that outlook before her cancer diagnosis, and she nods, then pauses, and says "well, I guess it's gotten more obvious now, I'm better at cutting people off at 5 minutes if I know they are going to drain my energy." I nod and mention that makes sense. May then continues with:

So, I guess I'm more proactive now. If that makes sense. Like; I don't have to do that. I don't want to do that. I'm not gonna do that! So I guess putting things in better perspective. Realizing that, you know, there are second chances, this is what you have, you better make the best of it.

May smiles at me and then gestures out the window toward the mountain range in the background. I continue the interview by asking her if she had participated in any other support groups through the hospital. She shakes her head and says, "No, just friends. I had lists, and I thought about it, but just thinking of it this week, it's like that [gestures toward the door of the oncology rehab facility] is my support group." I inquire

as to whether she has developed close relationships with others in the program, and May responds:

Yeah, met one woman who, two reoccurrences in 12 years, and uh, just a lot of-- you know what they're going through--it's really open. I think people realize that they aren't being judged. Whereas, with other people it's the other person's issue, you realize more now that you get with some people and you are like, wow, this person is really fucked up. You're on your journey you need to find your path and not waste time with people that aren't worth it.

As May speaks, she laughs as she discusses people that she considers not "worth the time" and rolls her eyes. My co-researcher then begins to explain her diagnosis, what type of surgery she had received, and how long she has been attending treatment. We then briefly discuss her use of the dietitian to aid her in combating the nausea that is common among patients that receive chemotherapy treatment. I ask how she gained access to a dietitian that was specifically knowledgeable about cancer patients and she explains that the dietitian was sometimes present at the oncology rehab sessions. This is the first time I have heard of this aspect of the program, and I mention that those that run it seem to be doing a good job at incorporating a well-rounded program. May nods enthusiastically and says:

If it were just oncology rehab, it would just be a room with equipment, but Callie and Mary are really special. I think anyone that is involved in oncology--it takes a certain person. Even in doctors. The relationship is more intense and close between a doctor and patient in oncology. Another thing, to, you become more

proactive in a medical setting. I know my limits. I'll bring in questions and research to ask them things, and unless they have a big ego, they're really good about it.

May spends some time explaining problems she had with medical procedures and medical personnel that made her realize how much more proactive she needed to be in a medical setting. She explains, "It's just sticking up for yourself, and helping yourself in every situation." May discusses her problems with fragile veins, and problems nurses had run into with having to stick her numerous times when receiving chemotherapy. I ask if she had eventually gotten a port (semi-permanent device that is surgically embedded in the chest area that can be directly attached to the chemotherapy drugs). She said she had not, but it was something she had "stressed about." Eventually she decided against it because she did not want to have an unnecessary surgery. May indicates that she found chemotherapy to be a rather "peaceful" experience. Surprised, I ask her to elaborate and she smiles and recounts:

Controlling your environment. Sometime sleep, or talk about positive things. If there is a negative person there, get them to shut up, or move away from them.

There was one guy, he just wouldn't stop complaining, so I made sure that they never scheduled me at the same time as him. I would set up my chair, looking out the window at the mountains, it was very peaceful.

I inquire at what point May started the oncology rehab program and she indicates she has been attending for approximately 4 months. Because she had a hysterectomy to remove part of the cancer she had to wait several weeks for her incisions to heal before

beginning the program. Because May has noted that she has seen changes in herself since her diagnosis, I ask her if she has noticed changes in herself since beginning the oncology rehab program. Immediately my co-researcher nods and readjusts herself in her chair:

Yes, um, physical definitely. When I came in I weighed 111 pounds so I was borderline anorexic in body mass and also weight. And with the stage of the cancer, if you have a more advanced stage of cancer you really metabolize food. And then on top of that I am active. It was crazy, one week it was a job to gain five pounds. But I did it. So got my body weight up, building muscle mass. I had always been really athletic and had good muscle tone, but then I was just skin and bones, that has come around. Then energy level. Energy begets energy. Fatigue wasn't really an issue. You look back and you realize, wow, I didn't realize how little energy I had even though I didn't feel like I had little energy. Mind. The affirmation and visualization. My anxiety and stress level is a lot less.

May goes on to give an example of how she had previously dealt with stressful situations when she had only been participating in the rehab program for a couple weeks. "Caught in traffic, I was just really stressing--and it really didn't matter! Now it's like, phhhh, I don't care!" I ask if she thought that the rehab program had a direct effect on that and she nodded and raised her eyebrows, "I know that has a lot to do with it. This whole process and being in this environment, I attribute that to that [gestures to rehab facility]." I then move the conversation to discussing interactions with other patients in the program, asking if those relationships helped her work through some of her issues

with cancer. May pulls her legs up to sit cross-legged on the oversized chair she is perched and smiles warmly before answering:

Interacting with those women, like the one that has been going through it for twelve years, it's very inspiring. I guess my concept, my idea of cancer before I was diagnosed, I equated cancer with death. And you realize that it's not death. Then just thinking of things with this logical argument. Everyone that is born is going to die. We don't get to change the time or place; it's just going to happen. People can have cancer and die, but it's not necessarily going to be from cancer. And people that don't have cancer are going to die. So why the hell am I worrying so much?

May continues to explain how she developed the outlook of not wanting to waste her time on "negative people." We move on to discuss her activity levels before being diagnosed and she indicates that she considered herself to be an extremely active person "hiking, skiing, just moving and being outside," have always been important to her. I ask her if she was able to feel her body getting sick or feeling more tired than usual before she was diagnosed. May shakes her head, no, with a look of disbelief:

Never got sick. I went in for a routine pap [smear]. The diagnosing gynecologist was very thorough. Physically I didn't feel any different, maybe a little heavier bleeding, but I attributed that to early stages of menopause. The only time they can catch uterine cancer is in the later stages.

May continues on to discuss her experiences with negative people in a work environment, explaining her work as a lawyer in Alaska at length. She explains that she

feels fortunate that financially she did not have to work as a lawyer any longer because she qualifies as early social security due to disability because of her cancer. I ask if she is working at all currently, a huge grin spreads across her face and she nods, explaining, "I work at REI [local sporting goods store] maybe twice a week. It's great! I get some awesome discounts." May goes on to explain that if she felt that her job at REI was dragging her down, she would terminate her employment, "I just do it for fun, so if it stops being fun, see ya." Picking up on how often my co-researcher discusses her lack of patience for negative people I ask if she runs into many negative people in the oncology rehab program. May is thoughtful for a minute before responding:

Um, if a person is negative, for the most part they are not going to stick it out. How do people become negative in the cancer part of it--people that ask their doctors, 'how long do I have?' I tell my doctors you know I don't buy into statistics because I'm not a statistic and I don't need prognosis's, you know if there is even a one percent chance then I am going to be that one percent and if I'm not then I know well, I've done what I can do to be that one percent--but I don't want to stress on that, and that there is no such thing as false hope.

May goes on to tell me a story about a physicians' assistant that she perceived to have a very negative outlook. She then indicates that she had wanted to become a nurse, but her fear of needles is too great. May discusses the process by which she came to the conclusion that she might go into counseling. I ask if her experience talking with other members of the oncology rehab program had influenced that interest and she says it had:

I think I've helped [people in the program] promote hope and optimism. I think people in there they care about each other. I think people feel comfortable talking to people, even the most closed off person would eventually feel comfortable opening up in there [gesturing toward rehab facility]. Maybe help them with something they could try, or cheering them up, or just listening to them.

Noticing again her mention of how comfortable and safe she considered the program to be, I ask what part of the program she considers to be conducive to that environment. Still sitting cross-legged in her chair, May takes a drink from her water bottle before answering:

Ahh, because people understand exactly what you are going through. I mean everyone comes at things from a different point and has different stages and different cancers. To some degree we're all on the same path, coming from different places--but we're all pretty much in the same boat--people can empathize and sympathize, yeah. [she pauses pause] And that--being in a non-judgmental, there is no 'oh you should be at this', there is no 'should bes,' it's keeping track of where you started and where you are at.

May continues to explain the amount of downhill skiing that she has done in previous winters, and her realization that she would not have the energy to do the activities she had done in the past right away. "You focus on the healing process, watch your progress physically and emotionally." My co-researcher also mentions that her participation in the oncology rehab program has given her a "sense of control" over her situation. She enjoys having control over her fitness level; she can "watch the program."

May moves on to discussing how she has met “a lot of wonderful people” while working in the program.

At this point in the interview I feel that we were beginning to go in circles, so I introduce the notion of survivorship into the conversation. May indicates that she does consider herself to be a cancer survivor. This prompts me to inquire at what point she decided that she was in fact a survivor. My co-researcher uncrossed her legs and propped them on the coffee table in front of us as she quickly responds, “I think you are a survivor starting with the first breath you take after diagnosis.” May smiles and leans back casually as I direct the conversation toward how she views herself now that her treatment is complete, compared with prior to her cancer diagnosis. She responds thoughtfully:

I am probably softer on myself. And, um, more protective of myself. And becoming even more proactive. I thought I was proactive before, but I’m becoming even more proactive. And, um, I probably have a better sense of where I fit in work-wise. What I do is going to have something to do with healthcare and healing.

Keeping those changes in mind, I ask May if the oncology rehab program has helped in facilitating any of those changes in the way she views herself. My co-researcher is quiet for a moment as she looks out the window to formulate her answer:

Um--I heal from the outside in. So that. And seeing yourself progress with the weights and the diet. And it makes you have a proactive response, because, what’s the alternative? I don’t want to die.

May also brings up seeing changes in another participant's identity, she mentions another woman that she describes as starting with a "type A personality and now she's a type B personality." The woman she speaks of has metastatic cancer and May describes her as "an inspiration." My co-researcher goes on to discuss her life before law school and how she lived at ski resorts and spent a great deal of time skiing.

Due to May's instance on being an extremely proactive person, I ask if she has contemplated getting tested to see if she is at higher risk for breast cancer. She responds, shaking her head:

I know that having uterine cancer, technically I could be more predisposed to having the genes that lead to breast cancer. I just don't want to have those negative thoughts hanging over my head. I will get mammograms, and even colonoscopies to check for other types of cancer. But anyone can get cancer; I don't think that worrying about it will make me feel better. I could get hit by a bus today. There is no point in worrying. I still will put myself under the surveillance of doctors, but at this point, no I don't want to get the test. I think I'm going to live to be a healthy '100.' I think for some people cancer is their identity, they needed the cancer to feel whole about themselves. I feel like I needed the cancer to make the changes in my life that I have made, but do I still need the cancer to be a part of me? No. But that's not how it is for everyone.

May pauses for a moment to look at a woman with kids who is wandering through the cancer center. She continues on to discuss the changes that cancer has influenced in her outlook on life:

I guess maybe it's a 'Pollyanna' outlook, but now I look at things, glass half-full. I didn't used to be that way, I looked at things, glass half-empty. And I think a lot of it was work-related. But when I got cancer, I realized that life is too short to be negative. We talk about that sometimes, the other women and I [in the rehab program]. How you have to just keep going, even when you are tired, or are having a bad day, look for the silver lining.

May explains some experiences working among other lawyers that she felt were especially negative and unpleasant. Turning the conversation back to the oncology rehab program, I ask, "If you could sum up the group, what words would you use?" My co-researcher smiles as she responds:

For me it's a support group, it's physical therapy that I need, it's, uh, a caring and nurturing environment, it, uh, extends the limbo period, it keeps me under that watchful eye of doctors, gives me the sense that I'm still under careful surveillance. I, it's sorta like a womb-like warmth that I'm not ready to let go of yet.

I ask May if she will continue to come to the rehab facility when she is no longer eligible for the group classes. "Oh yeah," she responds, "but right now I need to come to the group, because it is my support group." She explains that the combinations of physical and mental benefits are especially important to her and she indicates she will always utilize this facility in the future. When I inquire why she has no interest in other gyms, she again mentions the safety issue, and that it's "a really special place to me."

At this point the woman with kids is walking back down the hall and May stops to watch the toddler stumble along. She then begins to recount a story about a woman that she met recently in the oncology rehab program:

This woman, she was probably in her thirties. Long, beautiful long hair. A sort of strawberry blonde--kinda like yours [gestures to my head]. She has kids, young kids, I think they're only like six or seven. And, um, she has breast cancer. I could tell she was tired and seemed depressed.

May pauses for a moment and her eyes well up with tears as she continues:

I saw her one week, then didn't see her for a couple weeks. When she came back her hair, that beautiful long hair was all gone.

Tears begin falling down May's cheeks, she pulls out a Kleenex and dabs her eyes before elaborating:

She just looked so sad. I could tell that she didn't want to be negative, but it's hard, you know? So I chose the treadmill next to her and we talked. Most of what we talked about didn't have to do with cancer. I think that she was using the exercise as a chance to forget about it. I didn't mention her hair, because I knew. I used to have really long hair. Longer than yours [gestures to me], and it was a beautiful bright red.

For the first time since the interview began I notice that May is wearing a wig. The wig itself is a natural, vibrant red, and as she speaks of her hair she reaches up to touch her head.

As soon as it started falling out I went to the hair dresser and said ‘cut it all off!’ I wanted it to go on my own terms. I didn’t want something to happen to me, I wanted to have control over something going on with my body. And soon, it’s already starting to grow back. So soon I won’t wear the wig anymore. I just hope that it’s the same color as before. I know sometimes that changes.

As May finishes her thought she smiles and shrugs, looking down at her hands. I ask a few more questions about the rehab program, but nothing new arises in our conversation. Eventually I draw the interview to a close and thank May for her time.

3.5 Gaby’s Conversational Interview

I first met Gaby in the oncology rehab facility when I stopped by to thank Callie and Mary for their help in distributing fliers for my study. Gaby was just finishing up her workout and had walked over to ask Callie a question. We were introduced and I asked if she would like to participate in my research project. She said she would be happy to and we set up a time and a place to meet. Initially we had planned on meeting at the café in hospital, but upon arriving we realized that the Cancer Center part of the building was completely locked. Gaby said she wouldn’t mind doing the interview in her car, since we were having one of the first warm, sunny days of spring. I agree and we settle into her vehicle.

Gaby is a small woman, in her mid-to-late seventies. Both times I saw her she wore a bright pink, fuzzy hat. She is very friendly and warm and we immediately began chatting about the weather and our hopes for spring arriving early. My co-researcher seems a bit nervous about the interview and mentions several times that she is not sure

what I am expecting. I give her a brief overview of my project and then present my informed consent form to read and sign. I ask her if she had any questions and she indicates that she does not and signs the form.

I begin the interview by asking Gaby what type of cancer she had been diagnosed with and the type of treatment she had received. She pulls out a piece of paper with several dates on it and smiles, "I thought you would ask about that, so I prepared a little bit--I have 'chemo brain' still so my memory isn't what it used to be." We share a laugh and then Gaby continues:

It was in September of '08, then what it actually was, was a pain in my right breast. They checked me and mammogram was fine, so they did a CAT scan and it was esophageal cancer, stage two. Which, it's not real bad, but it's stage two. So they started me on a chemo pump and radiation at the same time. Because it was aggressive. But they did it at the same time. And they did the PET scan afterwards and everything was okay so I was in remission. So I went the winter, and I went the summer. Then in August '09 I went in, my daughter got me a massage at Allure, and one muscle really hurt. And I didn't even think that it would show up that way, just a sore muscle. So then, I don't know if you can notice, but I have a droopy eyelid, so that happened. It was doing that automatically but it's a little better.

She then recounts her experience at an eye doctor trying to determine what was wrong with her eyelid. It was at that time that she was asked to come in to have a scan to see "what was going on in there." After the scan Gaby was told that there was cancer in

her lymph node, and that it had been there initially, but had been microscopic, so the doctors had not been able to detect it. Gaby explains how she had to go through chemotherapy again a year later. She mentions that she did not participate in the rehab program the first time she went through treatment, not beginning the program until her second round of chemotherapy. Gaby contends:

The rehab is there to help relieve the pain. I didn't realize that. I thought it was just to get my health back. But Callie said, 'oh no, we are here to relieve your pain too.' And this time, the second time, the pain was much worse. The rehab program has helped quite a bit. When I started I was on a lot of pain medications. Callie said, 'you were pretty stoned', well she didn't say 'stoned' she had another word for it, but I was on a lot of medication. Now rarely have to take any.

We discuss when Gaby started the rehab program. She stumbles a bit, trying to recall the dates, before I assure her that just a general idea is all I need to know. My co-researcher then describes how, once she started, she had to take a three or four-week break to ensure her weight did not get too low. Gaby then indicates that Callie was very assertive in encouraging her to gain weight. She also explains that she is still experiencing side-effects of the chemotherapy treatment like, "chemo fog, still more tired than normal, memory isn't all there." Gaby continues on, explaining:

Yes, I've heard that the chemo side-effects can go on for a year, and as you can see I've lost my hair. Which is interesting because I didn't lose my hair the first time. The chemo was actually more aggressive the first time, but the second time they said my body was still weak from the year before, so I lost my hair.

We discuss her progress since beginning the rehab program and she explains that she will continue to use the facility indefinitely. I ask her if she had exercised before beginning the program. Gaby shakes her head and answers:

No, I never did, I never really exercised. I was active, but other than walking. I'm just active. I work in a thrift store and I help in the library, so I walk around and I lift boxes. I park in the spot farthest from the door. Just active. But nothing formal. I've been considering getting back into swimming.

I move to refocus the conversation on Gaby's experience in the rehab program. She discusses her desire to get herself back in shape as quickly as possible:

In fact, I would turn the treadmill a little higher and Callie would come over and turn it down, saying, 'now I don't want you doing two and a half or three.' So I have to watch for that. She says, 'I don't want you to burn those calories!'

Wanting to turn the interview toward discussing the communication within the exercise group, I ask Gaby if she developed close relationships with anyone else in the group. "Oh yes, yes," she responds enthusiastically, "I actually wrote that down." She explains as she consults her piece of paper with notes on it:

There was one guy that has had, oh [shuddering], he had the prostate and then it went in to his brain, and he says 'everything on my scan is good, but I don't want anymore chemo, that's it. No more, no more.' And you know, by the time you get through talking to someone like that, there were about three of us there working out on the bikes at the same time—and, uh, by the time we got done talking he was more relaxed about it and uh we were telling our experiences. And

uh, we they were good compared to his, and but the fact that you just listen to people and understand what they are going through. I think this guy, by the time we got done, he was gonna go ahead and have it [chemotherapy]. He was going to take one more try. So the people just seem to be more, conversations, you'd start conversations with people and they helped.

I ask Gaby if she considers the program to be a safe or comfortable place and she nods thoughtfully, "Yeah, yeah, and they do that meditation thing, and that thing too was very comforting." Gaby begins a story about the same man she mentioned earlier, stating with a concerned tone:

The one man, um, he must have experienced a lot of tiredness and loss of energy because he laid down a lot. Um, Mary and Callie both helped him out in that respect, they would joke, well not joke but I can't think, it wasn't really joking but it was making him feel better about what he was doing in front of these women that are out there going like crazy and he's got to take his break. And they were very good at that.

I inquire as to whether it was just the nurses that helped that particular man get over that, or whether it was members of the group. Gaby thought for a minute before responding:

Yeah, yeah, there were four of those machines there and we were all sitting on those, and he was at the end and next to him was another lady and then me. The other lady had been through a lot, she was probably in her sixties and she still snowboarded and skied and all that, and she had lost a lot of weight and muscle

and we talked about that type of thing. But the three of us talked, and he was probably only in three or four sessions that I was in. We just identified with him, and we were like 'hey just hang in there--you're going to have a bad day, but then you are going to have a good day too--keep up your spirits.' That's how you kinda talk, because that's how it is. Some days people are really down, some days they aren't. I know that with me, sometimes my muscles are sore, but I don't have it nearly as bad as some of the others in that respect. You have sympathy for that guy. He was younger, younger than us. I don't remember much more than 'you can do it!'

I nod in agreement with her and we discuss how Gaby did not really know what else to say in instances with other members of the group. She then says, "It's kinda like everyone, all the clients, are trying to build up the spirits of everybody else, and if somebody had the least bit of a problem with equipment, one of the other ladies would jump over there and help."

I ask if part of the benefits of the group could be attributed to being able to concentrate and focus on something other than being sick. Gaby pauses for a moment and answers:

Um, um--well I think for most people they don't focus on the negative. You know that when you are doing that rehab that you are going to be better even though you're tired, you ache, but you just think, no, no this is doing me good. And I get done with them and I don't hurt when I go home. So you know, you know it's doing good. And I think most people other than him, although after

awhile, actually after the first day, I could see his spirits get better. And, um, of course he is in my mind too.

Gaby and I turn our conversation to other support groups that she has participated in. She indicates that she has attended another group once, but that it was not something that appealed to her. I ask if she felt the exercise group to be enough of a support group to be beneficial, Gaby nods and answers:

Yes, yes I do, because we can be more comfortable with each other talking one-on-one than standing up in front of a big group and having them stare at you. You know it's a lot easier to talk one-on-one with someone than give a presentation. More comfortable.

I ask Gaby if she has become friends with anyone from the group outside of class and she says she has not, but that it had more to do with her busy schedule than anything else. She then begins to explain her membership in a singing group in which she was a member. Gaby begins to tear up a bit discussing the group, mentioning that because she is still having memory issues she had to take a break from the group. "I don't know vocally, my voice may not be ready for it," she explains, yet she continues to attend practices in the hope that she will be ready for a competition later. My co-researcher elaborates further on her frustrations with not being able to compete with the group, but that she hopes to be back the next year. I ask Gaby if she thought that the rehab program was helping her to get back into shape for the singing competitions and she responds excitedly, "Oh yes! Now I'm able to stand longer. I don't tire as easily at all."

I then direct the conversation toward the concept of survivorship by asking her if she considers herself to be a survivor. It takes a few moments of thought before she responds, "Yes I do, I'm not as gung-ho, that's gone since it's already come back once I guess I still know that it could come back again. But yes, I consider myself a survivor." I inquire if she feels that the rehab program would help prevent the reoccurrence of cancer, my co-researcher respond thoughtfully:

Um, well, not really. I'm looking at the rehab more as getting me back to where I was back before the first round. I mean I was a lot more active. I was never one that would lay down and fall asleep in the middle of the day, now I can.

Yesterday was bad. But the good days are more frequent. There are times I stop and say, 'wow, there is no way I could have done that a couple months ago.' Or sometimes I will be in my condo and I'll just run up the stairs because the phone is ringing, and the I remember that I used to have to pulllllllll myself up the stairs.

Gaby and I then begin discussing her work in a local thrift store through her church. She mentions that even when she is feeling tired she still goes to work and just "does it anyways!" Our conversation begins to digress into chatting about different thrift shops and it appears to me that there is no new information being discovered. I thank Gaby for her time and end the interview.

Chapter 4

Human Science Research Analysis

In this chapter I present my interpretations of the experience of receiving a cancer diagnosis and using an organized exercise program as a part of the treatment process. My interpretations are based on my personal understanding of my father's experience with cancer, my study of the cancer literature, and my exploration of the meanings co-constructed in the conversational interviews with my co-researchers. I arrived at my interpretations through a process of immersing myself in the recorded interviews and interview transcripts, and examining them for overlapping patterns that might suggest commonalities across the co-researchers' experiences. I carefully studied the narratives for emergent words, phrases, and relationships that expressed common experiences of the co-researchers and used those emergent themes to represent the collective experience of my co-researchers. I explain those themes as they relate to the emergent self model (Richey & Brown 2007), present conclusions of my research, and discuss implications for future research.

4.1 Theme One: "I'm a Proactive Person"

In each of the interviews my co-researchers describe themselves as proactive individuals. They communicate their proactive identities in several ways, this identity arising for some individuals immediately after diagnosis, while for others it develops over the course of their treatment. Being proactive was expressed in different settings, including in the medical world. Lynette mentions when discussing her decision to have a double mastectomy that she wanted to "get rid of as much as possible" in regards to

cancer. Vanity in her case was not an issue; her breasts were not as important to her as ensuring that she was proactive in eliminating the risk of cancer returning. In Susan's recount of her diagnosis she explains that she simply showed up at the hospital and asked the first person she saw, "can you help me find a doctor?" In expressing that she felt she was "in trouble", her proactive behavior was apparent even before she was diagnosed. May explained that she had learned to be more proactive when discussing medical issues with doctors, that she recognizes the need for "helping yourself in every situation" and that "you become more proactive in a medical setting. I know my limits."

Not only did my co-researchers exhibit proactive behavior as it relates to medical decisions, they also use the rehab program to take an active role in their recovery. A proactive approach to recovery is noted in previous research (Schnoll et al., 1998) as being a productive component of coping with cancer. Schnoll et al. define the behavior that I describe as proactive as a "fighting spirit" (p. 550), more specifically, several of the women interviewed express that they feel the rehab program helps them to get back to the shape they were in prior to cancer, and to achieve higher energy levels. Susan expresses her desire to "get prepared for outdoor fun," while Bree explains that she continues to push herself beyond the limits set by her doctors and nurses, "...I kept doing more than they told me to." Bree's urge to be proactive about progressing her fitness levels so she could "get stronger" because "having metastatic cancer I need my body to be as strong as it can be." Gaby reports similar behavior, trying to turn her treadmill "a little higher," which would cause the nurses to come turn it down. While she admits that she had never

taken part in an exercise program before, she describes herself as an “active person,” frustrated with not being able to participate in her singing group.

Prior to their cancer diagnoses, being “active” was an integral part of my co-researcher’s identities. Many of the women I interviewed express their desire to be at the same or similar level of activity they were prior to being diagnosed with cancer. The rehab program creates an environment where a proactive approach to a healthy lifestyle is the central focus. By simply attending the workouts on a regular basis my co-researchers are negotiating their identity as proactive persons. Their desire to be active participants in their treatment and recovery is continuously communicated within the rehab program.

Pinto and Maruyama (1999) note that women receiving treatment for early stage breast cancer experienced increased energy. This study is consistent with those findings, in that all co-researchers, including those that did not have breast cancer, reported increased energy levels. This could be attributed to a combination of better physical shape, together with the mental benefits of being proactive about their situation. May mentions that one of the most significant benefits she notices are spikes in energy, “you look back and you realize, ‘wow, I didn’t realize how little energy I had even though I didn’t feel like I had little energy.’” Gaby also notes the benefits of her proactive response to rehabilitation in retrospect, “there are times I stop and say, ‘wow there is no way I could have done that a couple months ago.’” Increased energy is an important benefit that my co-researchers experience because of their proactive adherence to the exercise program. Lynette expresses that “the energy has been a huge thing for me,” also noting that “exercising has made it so that I can go a lot longer without having to take a

break.” Lynette’s proactive approach to exercise has become readily evident to her through the increased energy. Hunt-Shanks et al. (2006) state that women benefit significantly from encouragement to exercise by their peers, and their study’s consistency with previous research suggests that support from peers in the exercise program promoted these women’s construction of a proactive identity.

In constructing their identities as proactive cancer survivors, the women I interviewed use their own free will to negotiate their view of self as it relates the natural world. This negotiation can be explained by the emergent self model (Richey & Brown, 2007) and its systems of experiential, relational, and cultural self. My co-researchers experience a continuous process of (a) merging their conscious decisions to be proactive, (b) their meanings for being proactive constructed through interaction, and (c) their concepts of being proactive within the cultural context of the rehab program in constructing their identity as proactive cancer survivors.

4.1.1 Sub-theme: Control

Control has been considered an important aspect in mental and physical health in previous research (Barez et al., 2007; Barez et al.; 2008; & Myers et al.; 2000). Each of my co-researchers describes a desire for control over their situations and acknowledges the rehab program gives them that feeling. Clearly control goes hand in hand with a proactive approach in that one cannot have control over a situation unless he or she actively takes control. My co-researchers often describe the lack of control associated with their illness. Lynette expresses her frustration with not being able to perform her usual work activities by indicating, “I felt like my body was betraying me...I had no

control.” Later she reflects that the rehab program facilitates “taking control of your body and your mind in one class.” Taking control of one’s self and situation is done through a communicative process. Sarafino (2008) explains that “our sense of control develops through social learning” (p. 95), while also pointing out “difference in personal control develops depending on the social experiences individuals have” (p. 95).

Typically, increased control over an individual’s situation equates to better health and a faster recovery (Daniels & Guppy, 1994). The women in the rehab program experience benefits from increasing their control. Gaby mentions that she felt control over the pain she experiences because of her cancer, “the rehab is there to help relieve the pain.” While Gaby does not express this outright as control, she describes how her proactive behavior of attending the exercise program increased her control over the pain. Bree’s mention of needing her body to be “as strong as it can be” shows how she utilizes the rehab program to control her strength level.

Richey and Brown (2007) note that in programs where individuals feel “in control” benefits of the program and the individual’s overall quality of life are enhanced (p. 160). Actively choosing treatment plans and potential responses to a cancer diagnosis typically becomes an extremely conscious process, often “radically alerting” the embodied self (p. 149). Among my co-researchers empowerment over one’s situation is critical to developing a concept of self that has control over her situation.

4.2 Theme Two: “We’re in the Same Boat”

All of my co-researchers remark that they find the social aspects of the exercise program to be especially beneficial. Similarly, Burns and Mahalik (2006) found that in

men that were diagnosed with prostate cancer, those who were willing to accept support from their peers experienced positive mental health benefits. When members of a group share their experiences and provide examples of how they overcame obstacles, others who can identify with that situation will potentially increase their self-efficacy. Self-efficacy is described by Sarafino (2008) as the “belief that we can succeed at a specific activity we want to do” (p. 95). Two aspects comprise the concept of self-efficacy: that if the behavior is carried out it will produce a favorable outcome, and if the individual believes the behavior can be carried out properly.

The women I interviewed express social support in two ways: the personal benefits of receiving social support, and the personal and social benefits of providing social support to others. My co-researchers articulate the benefits of social support from the group in a variety of ways, most commonly referring to the fact that all members of the rehab program are, as Susan describes, “in the same boat.” The structural characteristics of social networks like the rehab program have been found to positively impact cancer patients’ overall health outcomes through social integration or social support (Weihs et al., 2002). Testimony supporting social networks as beneficial is apparent by Susan’s interview when she mentions that without the rehab program she “would have never made it.” Originally, Susan mentions that she “used to be in fear” of cancer. After learning about the experiences of others in the group who were still alive after ten or twenty years, Susan’s fear of cancer dissipated. The support and encouragement she experiences facilitates her level of self-efficacy, and Susan communicates this by expressing her identity in relation to cancer as a “winner.”

Through sharing of stories with one another and identifying as being in the “same boat,” the women in this study negotiate their identities as cancer survivors in a positive way. My co-researchers create the “experiential self” (Richey & Brown, 2007, p. 153) through their ability and desire to interact with others in the exercise group because there is an overlap of experience among the members of the rehab program. Richey and Brown’s (2007) emergent self model explains this as a part of the “human potentialities that develop in interaction, over time, through experience with a shared sociocultural environment” (p. 154).

May expresses her use of the rehab program as a support group, opting to not attend any other groups because “it’s [the rehab group] is my support group.” Both May and Lynette make evident that to them the rehab program was a “safe place.” Both my co-researchers appreciate the fact that they can feel comfortable and build their confidence within the program in an environment that involves “no judgment.” Environments that facilitate open and honest communication have long been regarded as ideal for support groups, however, up until this point, exercise classes have rarely been grouped with more traditional support systems.

One aspect of the environment of the rehab program that contributes to it being beneficial as a support group is its conduciveness to one-on-one. The story that Gaby shares about sitting on the bikes and a conversation naturally emerging with the man that said, “no more chemo,” is an excellent example of the exercise environment encouraging supportive communication. In the short amount of time that it took for those involved in the conversation to complete their workout, they expressed encouragement and support.

By discussing their own experiences with cancer, Gaby and the other woman were able to increase the man's self-efficacy so that he agreed to try another round of chemotherapy. As Gaby described it, this supportive communication seemed simple in nature: "'hey, just hang in there, you're going to have a bad day, but then you are going to have a good day too...keep up your spirits,'" but it made a significant difference in how the man Gaby conversed with viewed his situation.

Gaby's feeling of sympathy for the man she describes is an example of her desire to give support and to show other members of the rehab program she was in a similar situation. Also, while Gaby does not mention it specifically, it was evident that in discussing the man's feelings and her strong response to his desire not to undergo treatment; she was also negotiating her identity as part the group. Midtgaard et al.'s (2006) study of group exercise programs for cancer patients found consistent results that group cohesion was so strong that each member's battle with cancer became a group concern. That same study also indicated that social support and identification with a particular group created a sense of 'we' in groups similar to the feelings that my co-researchers describe (Midtgaard et al., 2006). Richey and Brown (2007) state that "the concept of the *emergent we* implies an active intersubjective process of relational mutuality in which both relationship and selves are ongoing products" (p. 154). Through interactions with one another and during the interview process with me, my co-researchers develop a construction of self in relation to others. While each relationship produces a unique view of self, it is evident that the perception of "being in the same boat" points to shared experiences among the women I interviewed.

4.2.1 Sub-theme: “An Inspiration”

The benefits of interacting with others who are survivors of cancer that my co-researchers express are consistent with Stevenson and Fox’s 2006 study that found participants in a program similar to the one utilized by my co-researchers valued the experience of interacting with others that were “in a similar boat” (p. 391). The concept of interacting with others in a similar situation ties closely to the subtheme of inspiration that arose in my research. While Stevenson and Fox do note that inspiration is recognized as one of the benefits of attending a group exercise program, they did not elaborate what type of inspiration was beneficial, or if the concept influenced the reconstruction of identity. My co-researchers express that there are interactions they consider “inspirational” that occur within the exercise program on a regular basis, and that these interactions play a role in reshaping their identities.

The desire to “inspire” is strong among my co-researchers. Bree mentions that she tries to listen to other people, and implies she would rather listen to other participants in the group, but still is willing to share her own story and experiences because it “seems like it inspires.” She explains that because her cancer is metastatic she tries to show others that having cancer does not define her life, “when they do see someone that is living with it, makes it not so scary, eliminates that fear.” May acknowledges the other side of the situation, stating that she interacted with a member of the program that had metastatic cancer and regarded her as “an inspiration.” Susan mentions with pride how she attempted to inspire and support a younger woman in the program that appeared to be having a difficult time: “hey, I went through your treatment—piece of cake—you know if

an old woman went through, you can do it, piece of cake.” Susan’s attempt was obviously helpful to the young woman, who later said to her that “every time she in chemo she thinking of me [Susan].”

The desire to help and inspire seems to assist the women in the program at regaining confidence after diagnosis. Lynette notes that she finds herself “enjoying taking care of other people,” expressing her desire to help others in the rehab program by acknowledging that “the newbies are looking at me for some inspiration.” The rehab program provides members with an environment that they consider safe. It is a place where they are able to move from individuals that need help, to seasoned veterans that can help others. As my co-researchers recognize that they are not alone in their situations and can both give and receive inspiration in the group setting, their identity as a confident individual emerges. Emslie et al. (2007) found that group exercise classes for female cancer survivors served to construct an identity of being a confident woman. Confidence is an integral part of an individual’s identity, especially as it relates to survivorship. The emergent self model (Richey & Brown, 2007) describes identity construction as being in a constant state of “becoming” (p. 156); my co-researchers re-construct their view of self by editing their initial interpretations of need support with new versions of desire to provide support.

4.3 Theme Three: “There are Second Chances...You Better Make The Best of It”

The final theme that continuously arose among my co-researchers was the importance of a positive outlook in their lives. A positive or optimistic outlook on life has been tied in previous research to better mental and physical health and faster recovery

from illness than individuals who adopt a negative attitude (Ouellette & DiPlacido, 2001). The notion of a positive outlook was communicated by my co-researchers in a variety of ways. Some, like May, expressed dislike for individuals that have negative personalities. Almost immediately she exhibits this by describing lawyers in disdain as, "Messed up. They were unhappy, toxic people, so dependent on drugs." While she implies that this was her attitude prior to her cancer diagnosis, up until she began treatment she continued to work in the legal profession. It was not until after learning of her cancer that May quit her job as a lawyer and has since chosen to work in a field that she finds enjoyable. She justifies her decision by stating, "You're on your journey, you need to find your path and not waste time with people that aren't worth it." May's decision to remove herself from a negative environment, and the interactions that will inevitably occur in that environment, exemplifies the concept of agency discussed in the emergent self model (Richey & Brown, 2007).

May later explained that since being diagnosed with cancer, she has developed her identity to incorporate a "Pollyanna' outlook," realizing that "life is too short to be negative." This could be attributed to the rehab group, in that the members of the group all describe themselves and others within the group as positive people. Expressing that the situation "could be worse" is another way individuals construct a positive identity. Several of my co-researchers noted feeling fortunate because they do not have to worry about work issues, or no longer have young children to take care of. Lynette explained that while interacting with others in the program she realized "I don't have it all that bad." Gaby mentioned that despite having had her cancer reoccur and being forced to

undergo chemotherapy and radiation again, when compared with another man, her situation was “good compared to his.”

The emergent self model (Richey & Brown 2007) states that strategies for behavior change are more beneficial when narrative communication is an integral part of the identity reconstruction process (p. 157). Clearly, within the rehab program my co-researchers were active creators of their identity through narrative communication. Very importantly, in designing this research I chose to gather data utilizing narrative interviews and this process alone facilitates the continuing construction of self through a communicative process. The concept of a proactive self remains continuously woven, yet constantly evolving as a component of my co-researcher’s identity as a cancer survivor.

4.4 Conclusions and Prospects for Further Inquiry

My interpretation of my co-researcher’s experiences reinforces previous research and provides new insight into how members of a group exercise program negotiate identity after a cancer diagnosis. The first theme I recognize, “I am a proactive person”, is an all-encompassing theme expressed in combination with the other themes I present. Negotiating an identity of being a proactive individual incorporates control, seeking support and providing support/inspiration, and the development of a positive outlook. As the emergent self model (Richey & Brown, 2007) explains, construction of identity is an ongoing process of communication, one that is never static. As my co-researchers explain, this process of negotiating their concepts of self after they were diagnosed with cancer is constantly evolving. When the women interact with others in the class on a one-on-one basis, or with the group as a whole communicating in larger, group contexts, their

emergent values are always “becoming” (p. 156). The construction of identity occurs not only as a never-ending process, but also by merging the experiential self with relational and cultural views of self (p. 156).

I find themes two and three virtually impossible to discuss without some mention of how they can fall under the wider umbrella of being proactive and in control. My co-researcher’s theme of finding it beneficial to interact with others who are in the “same boat” ties to being proactive because the women actively sought social support. Similarly, the women that express a desire to help and inspire others is also being proactive and in control of their situations, in that by choosing to assist newer group members who are only just beginning to negotiate their identities as cancer survivors. Proactive behavior and control over one’s situation are closely tied to positive psychological and physical health benefits (Sarafino, 2008). Richey and Brown (2007) explain agency as being an active participant in one’s world and contend that in cancer communication it is crucial because “our ability to act as a self with cancer will be understood by both self and other as a product of choice” (p. 149).

The third theme that emerges from my research, “there are second chances...you better make the best of it”, is portrayed by my co-researchers as negotiating an identity of a cancer survivor that has a positive outlook. While constructing this positive identity my co-researchers were being extremely proactive, taking control of their situation and ensuring that the environment that they were interacting in is one that facilitates positive energy. This is especially critical because identity is constructed through interactions with others (Richey & Brown, 2007); therefore, when the members in the rehab program

interact with one another they perpetuate a culture of positive thinking. For example, Susan describes herself in very positive ways, first as a “fighter,” and then later as a “winner.” She goes on to discuss her positive outlook with the young woman she described, telling her that “if I can do it, you can do it.” The interactions between the members of the exercise group facilitate an environment where they are able to negotiate their identity as an individual that has a positive outlook over life. The culture that is developed in the rehab program of recognizing the importance of looking for the ‘silver lining’ in any situation is then integrated into each group member’s individual identity.

What is also significant to note, are themes that did not arise within the interviews that I had anticipated. Before starting my research I assumed that the concept of being an athlete would crop up in my conversations with co-researchers, however, it was never mentioned. Also, the notion of being a “survivor” was not presented by any of the women. During the interviews I did present each woman with the question as to whether she saw her self as a survivor, all the women agreed that they viewed themselves as survivors, however none of them volunteered the word during the conversations.

My co-researchers did all mention both mental and physical health benefits from their participation in the rehab program. The idea of “killing two birds with one stone” is worth examining. Chen et al. (2009) found breast cancer survivors who participated in an exercise program that incorporated social interaction coped and adjusted to their cancer better than survivors that participated in an exercise program that did not incorporate social interaction. The positive psychological benefits from social support are typically associated with traditional support groups; however, it is evident in this study that coping

and adjustment skills also develop within members of a group exercise program. Social interactions with individuals that are in a similar situation, combined with a proactive response to physical side-effects of cancer, may be more beneficial than programs that focus only either on physical or on psychological outcomes alone. A comparative study between the process of identity construction among individuals that participated only in a traditional support group and those that participated only in an exercise support group would also be beneficial to determine if the setting of the support group influenced the process of identity construction.

Future directions of research in this area could also incorporate a wider demographic range of participants to gain a more thorough understanding of the identity construction process. Gender, age, and type of cancer would be the demographics most influential to this area of study. While initially I wanted to use more participants that portrayed a more diverse demographic, because I relied on volunteers I was not able to access the range of participants I had hoped for.

A basic understanding of identity construction in cancer survivors who participated in this specific exercise class is now established. In these cases, the rehab program that the women participate did play an instrumental role in how my co-researchers re-constructed their views of self after being diagnosed with cancer. A more thorough understanding could be developed through research that examined a wider variety of programs and by studying the process of identity construction over a longer period of time. Examining identity construction over time would be beneficial because the construction of identity is an ongoing process.

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APPENDIX A:
Letter Requesting Volunteers

The following introduction is the content of what I would say in the letter that will be distributed in the folders of Oncology Rehab participants that are in the maintenance portion of the program:

My name is Marsha Schirack, and I am a master's degree student at the University of Alaska Fairbanks Communication Department under the guidance of Dr. Robert Arundale. I am currently working on a thesis concerning cancer patient's use of the group exercise program at the Providence Medical Center Oncology Rehabilitation Center.

Your name was given to me by Cynthia Decker as someone who might be interested in participating in a research study on your experiences at the Providence Medical Center Oncology Gym. The goal in my research is to learn more about how the group exercise program helps to re-establish a participant's identity after surviving cancer. I would like to know how your participation in the program reshaped the way you see yourself in relation to the world around you. You are being asked to participate because you completed the Oncology Rehab program and have expressed a willingness to talk about it.

If you are interested in participating in an interview with me on this topic, the interview would last about 60 to 90 minutes and will be audio taped so that I can transcribe the conversation and use the material for my study. Your identity and what you tell me will be kept confidential. Also, your participation is completely voluntary, and you are free to change your mind about participating at any point in the research process.

If you agree to participate, I will provide you with a Letter of Informed Consent, either at our interview or before, if you would prefer. The Letter of Informed consent explains my research purpose and plan, points out considerations related to the research topic, and confirms the voluntary nature of your participation. It also provides you with contact information for Dr. Arundale at the UAF Communication Department, and the UAF Office of Research Integrity. After we have reviewed the Letter of Informed Consent, and I have answered all your questions, I will need you to state your willingness to participate on the audio recording so that we have it on record.

If you have questions now, please feel free to ask. If you have questions later, you may contact me, Marsha Schirack, at 907-315-2011 or maschirack@alaska.edu. You may also contact my supervisor, Dr. Robert Arundale at 907-474-6799 or rbarundale@alaska.edu. If you have questions or concerns about your rights as a research participant, please contact the Research Integrity Administrator at 1-866-876-7800 or fyirb@uaf.edu.

I would be very interested in what you have to say about your experiences in the group exercise program at Providence Medical Center. Thank you.

APPENDIX B:
Informed Consent

Informed Consent Form

Identity Construction in Cancer Survivors

Dear Research Participant:

You are being asked to take part in a study about the experiences of cancer survivors that participated in the Oncology Rehabilitation program at Providence Medical Center. This study is for my master's research project. I am a Communication graduate student at the University of Alaska Fairbanks. You are being asked to participate because you have completed the Oncology Rehab program and have expressed a willingness to talk about it. The goal in my research is to learn more about your experience while participating in the aforementioned program.

As you read this form you may ask any questions you have at any time. If you decide to be in the study, I will talk with you for about an hour about your experiences in the Oncology Rehab program. I may ask you follow-up questions based on what you tell me. I will audiotape our interview, and transcribe the content of the tape. I will use the content of the recording as data for my thesis research.

Being in the study shouldn't present any risks, but you may feel sad or upset while talking about your experiences. If you don't like talking about your experiences with cancer, specifically experiences associated the Oncology Rehab program, you can decide not to participate, should this occur I will provide contact information for psychological counseling. A possible benefit to being in this study is the chance to express your feelings and reflect on your life as a cancer survivor, and how your participation in the Oncology Rehab program has affected your life. Following the completion of my research I will also provide you with a report of my findings in a consumer friendly format that could potentially give you more insight on others that have participated in Oncology Rehab program as well.

Even if you decide to be in the study now, you may change your mind later. If you choose to withdraw, you can contact me or my advisor at the email address or phone numbers below. You may choose to have your interview materials given back to you or tell me to erase the tapes and shred the transcripts. *Participating in this study is completely voluntary. You are free to change your mind about being in the study at any time.*

Your name and your responses will be kept confidential. The data derived from this study could be used in reports, presentations, and publications, but you will not be identified by name. The audiotape used in our interview and the transcript of it will be securely stored for five years in the UAF Communication Department. The only other person who will have access to these is my adviser, Dr. Robert Arundale. He is a professor with the Communication department and my Committee Chair. I am working on my thesis under his guidance.

If you have questions now, please feel free to ask. If you have questions later, you may contact me, Marsha Schirack, at 907-315-2011 or maschirack@alaska.edu. You may also contact my supervisor, Dr. Robert Arundale at 907-474-6799 or rbarundale@alaska.edu. If you have questions or concerns about your rights as a research participant, please contact the Research Integrity Administrator at 1-866-876-7800 or fvirb@uaf.edu.

If you would be interested in my project results or in reading my thesis after it's published, please let me know and I will make a copy available to you.

Please confirm at this time that you are willing to participate and understand the content of the Consent Form that I have read by signing below. You will be given a copy of this form to keep.

Participant Signature

Researcher Signature

APPENDIX C:

IRB Approval

November 25, 2009

To: Robert Arundale, PhD
Principal Investigator

From: Bridget Watson
Research Integrity Administrator
Office of Research Integrity

Re: IRB Protocol Application

Thank you for submitting the IRB protocol application identified below. This protocol was determined to qualify for expedited review under federal regulations 45 CFR 46.110(F)(7). Therefore the review of your protocol application was done by representative members of the IRB. On behalf of the IRB, I am pleased to inform you that your protocol has been approved.

Protocol #: 09-47

Title: *Identity Construction in Cancer Survivors*

Level: Expedited

Received: November 5, 2009 (original)
November 25, 2009 (final revisions)

Approved: November 25, 2009

Approval expires: November 25, 2010

Renewal: Continuing Review must be completed by November 25, 2010.

Note: We recommend you submit all continuing review documents approximately one month prior to the due date to prevent delays in your research.

Any modification or change to this protocol must be approved by the IRB prior to implementation. Modification Request Forms are available on the IRB website (<http://www.uafl.edu/irb/Forms.htm>). Please contact the Office of Research Integrity if you have any questions regarding IRB policies or procedures.